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TRANSACTIONS
OF THE
CANADIAN DENTAL
ASSOCIATION

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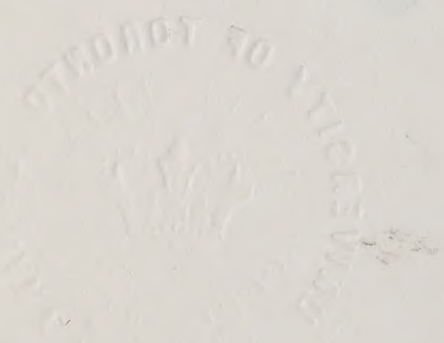
ANNUAL MEETING
ST. ANDREWS-BY-THE-SEA, N.B.
SEPTEMBER 1-4, 1954 —

June 19-22, 1957

TRANSACTIONS
OF THE
CANADIAN DENTAL

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ANNUAL MEETING
ST. ANDREW'S SOCIETY, N.S.W.
SEPTEMBER 1-3, 1958

TRANSACTIONS
CANADIAN DENTAL ASSOCIATION
ANNUAL MEETING

ST. ANDREWS-BY-THE-SEA, N.B.

September 1 - 4, 1954

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**BOARD
OF
GOVERNORS**

OFFICIALS

(For 1954-55 Officers see page 163)

1953 - 1954

Officers

<i>President</i>	-	-	-	-	-	-	-	A. J. COUGHLAN, St. John, N.B.
<i>Immediate Past-President</i>	-	-	-	-	-	-	-	G. RATTE, Quebec, P.Q.
<i>President-elect</i>	-	-	-	-	-	-	-	P. G. ANDERSON, Toronto, Ont.
<i>Secretary-Treasurer</i>	-	-	-	-	-	-	-	DON W. GULLETT, Toronto, Ont.

Executive

A. J. COUGHLAN, G. RATTE, P. G. ANDERSON

R. R. MCINTYRE, A. G. RACEY

Board of Governors

HAROLD M. CLINE	-	-	-	-	-	-	-	1428 Medical-Dental Bldg., Vancouver, B.C.
R. R. MCINTYRE	-	-	-	-	-	-	-	3027 - 3rd St. W., Calgary, Alta.
J. P. WHYTE	-	-	-	-	-	-	-	Swift Current, Sask.
K. M. JOHNSON	-	-	-	-	-	-	-	314 Somerset Bldg., Winnipeg, Man.
C. M. PURCELL	-	-	-	-	-	-	-	98 Pembroke St. W., Pembroke, Ont.
P. G. ANDERSON	-	-	-	-	-	-	-	170 St. George St., Toronto, Ont.
C. L. STRACHAN	-	-	-	-	-	-	-	260 Queens Ave., London, Ont.
R. O. WINN	-	-	-	-	-	-	-	Medical Arts Bldg., Kitchener, Ont.
G. RATTE	-	-	-	-	-	-	-	140 rue St-Jean, Quebec, P.Q.
A. G. RACEY	-	-	-	-	-	-	-	1414 Drummond, Montreal, P.Q.
A. J. COUGHLAN	-	-	-	-	-	-	-	20 Dorchester St., Saint John, N.B.
G. M. DEWIS	-	-	-	-	-	-	-	269 Gottingen St., Halifax, N.S.
L. M. CALLBECK	-	-	-	-	-	-	-	Summerside, P.E.I.
F. A. JANES	-	-	-	-	-	-	-	Glynmill Inn, Corner Brook, Nfld.

FOREWORD

The Transactions which are contained in this volume represent the work of the Association for the year 1953-54. Actually the reports are those in amended form that were presented at the Annual Meeting held at St. Andrews-by-the-Sea, September, 1954.

The opening session of the Board of Governors this year was of more than ordinary interest for two main reasons. First, the Board was honoured in having present Dr. G. F. Strong, President, and Dr. A. D. Kelly, General Secretary of the Canadian Medical Association. Both these officials brought the warmest greetings from their own Association to the Canadian Dental Association. Secondly, a gavel of historical significance was presented to the Association. Descriptive remarks respecting the gavel given at the time of presentation, will be found beginning on page 178.

For those members who are not familiar with the procedure at the Board of Governors' Meeting, a statement of explanation is made. Previous to the meeting, Reference Committees are established by the Executive. At the first session of the Board all reports are referred to the designated reference committees. Time is allotted on the agenda for the Reference Committees to study the reports in detail. When the Chairman of the Reference Committee is ready to report on a particular report, the original report is presented to the Board and the Chairman of the Reference Committee leads the discussion. The resulting comment and action is to be found at the end of each report in these Transactions. Through this method of procedure each report obtains thorough discussion previous to approval. As stated above, the reports appear in this volume as amended at the Annual Meeting.

The Annual Association Meeting is reported in this volume.

REPORT OF PRESIDENT TO BOARD OF GOVERNORS

1. I am very happy to welcome you to the province of New Brunswick and particularly to this picturesque spot, St. Andrews by-the-Sea. For many of you it is perhaps your first visit to this province, so I trust it will prove enjoyable and interesting. This is the first occasion, I believe, that this province has been so honored by the National Association, and I am confident that out of it all will come a more keen interest and greater enthusiasm by the members of the Atlantic provinces in all that pertains to the Canadian Dental Association.

Board of Governors:

2. Our Board of Governors is practically intact from last year with but one exception, Dr. F. A. Janes of Cornerbrook replaces Dr. Goodwin of Harbour Grace, Newfoundland. Dr. Janes is a Past President of the Newfoundland Dental Society and I am sure will lend much assistance to our discussions around this board. I extend to him a cordial welcome and also wish to express my thanks to Dr. Goodwin for the interest he has displayed during his term of office.

To you who have had the privilege of serving on this governing body for a year or more may I extend a welcome also and hope that your deliberations of the many reports presented may be productive of earnest thought and wise decision.

3. On you as members of Board of Governors rests a great responsibility both to the province you represent and to the Canadian Dental Association, for from your deliberations and discussions will come the policies to guide and direct the affairs of this organization throughout the year.

4. No group of men in our organization can do more for the Canadian Dental Association than you men seated around this board, for no group is so well informed as to its needs and requirements.

5. It is in the best interest of our Association that you make a special effort to bring to the attention of the members of your respective provinces the problems facing this Association, with information on the many items discussed at this meeting. The method you use to transmit this information is optional, but we do favour the representatives addressing local and provincial bodies when possible.

Committees:

6. This year, as in past years, you, as members of the Board of Governors, will study a series of reports prepared by committees and committee chairmen.

7. These reports represent the sacrifice of considerable time, energy and the denial of much recreation.

PRESIDENT

8. To these men we are deeply indebted and ever grateful for their intense interest and devotion to our Association.

Convention Committee:

9. The Convention Committee has had more than the usual task in arranging the details of this joint meeting.

10. As most of you are aware, the hotel facilities in summer resorts do not measure up to what we find in all year round hotels in the larger centres, for staging a convention of this size. Much extra effort and planning was required by committees to complete the necessary arrangements.

11. In face of many odds, I feel the committees, under our capable General Chairman, have done remarkably well in rounding out a program for your interest and approval.

Visitation:

12. It was my privilege during the year to travel from Newfoundland to Victoria, B.C. with your Secretary, and to observe at the various meetings a whole-hearted display of interest and enthusiasm in the activities of the Canadian Dental Association.

13. I feel much is accomplished by this visitation and I know of no other substitute which would be productive of equal results.

14. I am deeply grateful to all in the several centres we visited who were responsible in so many ways for making the trip so interesting and enjoyable.

15. I felt amply repaid in the experience of meeting and getting to know so many dentists, men who are a credit to both our profession and Association.

16. I sincerely regret that it was impossible for me to accept all of the invitations extended me during the past year. Earlier advance notices to the Secretary of meetings to be held during the year might help this situation.

Publication Committee:

17. The Publication Committee is to be commended in keeping our Journal up to its present high standard and it is fitting that this should be done, for our Journal is today finding its way to practically all parts of the world and we, as a profession in Canada, will be much judged by its readers in many countries from the quality of its contents. Let us at all times be conscious of the place our Journal holds in the Association and be prepared to assist it financially or otherwise for its continued progress.

18. At the present time publication costs are high and there appears to be a leaning towards a policy of retrenchment on the part of many of our advertisers.

19. Our editor is to be complimented on the "New Look" given to our Journal,

which I feel adds to its attractiveness and also simplifies its reading.

20. Earlier in my remarks I brought out the need for members of the Board of Governors to bring to the attention of the members of the provincial and local societies, the work of the Canadian Dental Association. This is truly an item which could be much discussed and its value stressed.

Personnel:

21. The need for increased personnel still remains a matter of much concern to your profession. Continued efforts on the part of your Association to influence governments to see the urgent need and act in the matter is bringing some results, but the action is discouragingly slow. As has been stated in previous reports, the number of our graduates hardly takes care of our losses through death and retirement. With our ever-increasing population this poses a serious situation for the dental health of our population. The establishment of schools for dental hygienists has also been brought to the attention of governments, as a helpful means of alleviating present conditions and to enable the dentist to do more work with the assistance of auxiliary personnel, but with no appreciable results.

22. We should continue our efforts in face of this indifference to try to right this situation which will continue to grow more troublesome to us as time goes on.

Finance:

23. The finances of our Association do not measure up to what might be expected for an organization of over five thousand dentists.

24. Our progress is thwarted by reason of the fact that we lack financial stability to broaden our activities or even retain some which have heretofore been initiated.

25. While we are not increasing as rapidly numerically as we would wish, we are developing in stature.

26. Our ideas are those of a much larger organization and we see the need for greater expansion of our programs to cope with what is asked and expected of us.

27. We are a factor in the dental world and should take a more active interest in dental affairs beyond the confines of our borders.

28. To accomplish this end we must prepare our Association financially. To be specific in this matter, further assistance for our Secretary is indicated. The position of your Secretary in relation to his duties has changed over the last few years. Many more demands are being made on his time from outside sources. Much good can come to our Association with an enhanced prestige if we but recognize this situation.

PRESIDENT

29. The opinions of your Secretary are sought, his services asked for and his contacts are invaluable to this organization, but under the present set up it is impossible for our Secretary to adhere to such a tiring schedule and continue to carry the load at headquarters.

30. Let us review our finances keeping in mind this progressive step.

Public Relations:

31. The work of the Public Relations Committee has been much to the fore throughout the year, the nature of their work being such as to allow for no cessation of their efforts.

32. Another interesting and practical article under the caption "The Dentist's Responsibility to the Patient", was circulated to the membership during the past year.

33. The program which this committee is carrying out is doing much in making our members Public Relations conscious.

Pension Trust Plan:

34. Your Pension Trust Plan is now progressing favorably and is deserving of your every support. It has weathered the opposition and competition of several commercial groups and is at last looked upon as a reliable, economic and sound source of investment for those desiring security and protection.

35. The excellent report of the Wyatt Co., a firm with an international reputation engaged by your Executive, has done much to bolster up the confidence of the membership in the safety and security of this plan.

36. The recommendation of this company I feel, has removed from the minds of many the last vestige of doubt as to the soundness and reliability of this plan with its many economical features.

37. The administrator of this plan can justly feel proud of his accomplishment and your Executive can also take pride in bringing to the membership a long sought need and a worthwhile project.

(In keeping with a progressive policy for the interest and welfare of the membership of the Association, your Executive has given study to securing Blue Cross benefits for our organization on a National scale.

Discussion and arrangements with the Blue Cross officials were instituted by the administrator of our Pension Trust Plan, Mr. E. L. R. Williamson authorized by your Executive.

The outcome of several conferences was favorable to our Association and we are now the first National organization within the Blue Cross Group.

Details of the contracts to be offered to our members will be available shortly and I feel confident that they will prove both popular and inviting.

We ask your serious consideration in responding to this offering which we are confident is in your best interest.)

Conventions:

38. In May, following the meeting of the Executive, I attended the Ontario Dental Association Convention. It is a matter of much pride to witness a meeting so well organized and capably operated by very efficient committees. The Ontario Dental Association is to be complimented for its efforts in promoting a Convention of such a high standard in educational value.

39. Your Secretary and President were guests in June at the Pacific Coast Dental Conference held at the Banff Springs Hotel in Banff.

40. This is the first time in ten years that this organization has met in Canada and this year the host was the Alberta Dental Association. Dr. Arthur Rooney, President of the Conference and his energetic committees from Calgary, gave a performance of precision arrangements and Western enthusiasm.

41. In case you are not familiar with the set-up of this meeting, the registration is predominantly American and all were loud in their praise of Canadian hospitality and the beautiful setting which Banff offers for a meeting.

Legislation:

42. Each year sees problems arising on the legislative front affecting one province or the other from a dental standpoint. Your headquarters is ever alert to these situations and is willing at all times to lend advice and assistance when possible.

43. The encroachment and demands of some technicians in the prosthetic field for increased concessions in certain provinces is becoming a matter of much concern to us.

44. It is our duty to see that members of legislature are kept fully informed on the status of these men and the danger to society if certain concessions asked by them are granted. Too often we are negligent in this matter with the result that an unwarranted opposition is built up against us, when these cases find their way into Legislatures.

Council on Dental Education:

45. Your Council on Dental Education, under the Chairmanship of Dean Ellis, held a two day meeting at Headquarters in Toronto on June 21st and 22nd. An outstanding item on the long agenda and one of major importance to the profession was the report of the Survey Team. In the history of our Association it has been its responsibility to project many programs, but none I feel more worthy of its existence than the action in appointing a Survey Team to study the training facilities and the necessary qualifications for enrollment in our five dental schools.

PRESIDENT

46. The need for an increase of personnel and the stepping up of the standards in our schools prompted, I believe, the Council on Dental Education some four years ago to select a Survey Team, whose duty it was to appraise our educational system as to its tangible assets and ability to graduate dentists of a high calibre.

47. It would be impossible for me to comment in detail on this voluminous report of the Survey Team just completed, but in a summary of recommendations by them we find a concise picture of the needs of our dental schools, with important observations for their improvement and potential factors to bring about such a development.

48. It is beyond my ability to suitably express the thanks of your Association to the men of this Survey Team for the time given and sacrifice made to produce a report of such detail and magnitude.

Recommendation:

49. (i) That the members of the Board of Governors in their respective Province develop a greater interest in local dental societies with a view to keeping them better informed in the activities of the Canadian Dental Association.

(ii) That further study be given to the Annual visitation of the President and Secretary.

(iii) That continued pressure be exerted on Provincial and Federal authorities for increased facilities for the graduating of a greater number of dentists and the training of auxiliary personnel.

(iv) That the per capita grant from corporate bodies be raised to twenty-five dollars.

(v) That greater financial assistance be given to the Public Relations Committee to enable it to enlarge its program of activities.

(vi) That every possible assistance and publicity be granted the Pension Trust Plan to insure the cooperation and support of our membership.

In conclusion, permit me to offer you my sincere thanks and appreciation of the trust you have placed in me and to extend to the Executive, the Chairman and members of Committees, and last but not least, to our good Secretary, my gratitude for the unfailing support and cooperation during the past year.

To my successor may I ask the continued and splendid support accorded me, accompanied with the wish for a year replete with health and happiness.

COMMENT AND RECOMMENDATIONS

1. We concur in the sentiments expressed and trust that we may be invited to return at some future date.

2. We recommend that a letter of appreciation be sent to Dr. Goodwin for the service rendered during the period he served as delegate.

We also welcome Dr. Callbeck as delegate from Prince Edward Island.

3. & 4. Agreed.

5. We endorse and refer to recommendation (i), paragraph 49 of the report.

- 6., 7., & 8. We are in complete agreement that the reports of the various committees represent a profound amount of work and interest by the committee members.

- 9., 10. & 11. The splendid cooperation of the Convention Committee has shown what a grand job can be done in spite of the difficulties involved in holding meetings at summer resort hotels.

- 12., 13., 14., 15., & 16.

Recommendation: Notwithstanding the sacrifices imposed, we recommend that the visitations of the President and Secretary to the various dental bodies across Canada be continued.

17. We concur.

18. Noted with regret.

19. We endorse the President's comment respecting the 'New Look' of the Journal.

20. We concur in the sentiments expressed, referred to in paragraph 5.

21. & 22. We reiterate the alarming situation respecting the need for increased training facilities for adequate dental personnel.

- 23., 24., 25., 26., 27., 28., 29. & 30. We recognize the need for increased financial assistance to the C.D.A. and additional assistance for the Secretary.

- 31., 32., & 33. We commend the Public Relations Committee for their past performances and suggest that an increased financial allocation be granted when finances permit.

- 34., 35., 36., & 37. We commend the Executive for the action taken in reaffirming the soundness of the C.D.A. Pension-Assurance Plan. We note with pride the growth of the Plan against competition and the extension of the Plan to include Blue Cross benefits. Further we recommend that each member of the Association investigate the benefits to be derived from participation in the Plan.

38. Noted with pleasure.

- 39., 40., & 41. We are pleased that the President and Secretary found it possible to attend this Convention.

PRESIDENT

42. We commend the Secretary's efforts in this respect.
- 43., & 44. We commend our Secretary and the Legislation Committee on their alertness in dealing with the situations that have arisen in the various provinces thus far.
- 45., 46., 47., & 48. We commend the Survey Team for their past performance and recommend that they pursue their efforts.
49. (i) We strongly endorse the idea of developing an increased interest in the affairs of the C.D.A. by whatever means each Governor deems most suitable for his Province.

(ii) Recommendation:

That in order to facilitate the arrangements for the visitation of the President and Secretary, requests for visits to the dental societies be made through the Secretary of the Provincial Legal Body three to six months in advance of date of proposed visit.

(iii) We concur and recommend that the urgent need for expansion of training facilities for dental personnel be brought to the attention of authorities.

(iv) We concur in this recommendation and urge the immediate need for dissemination of adequate knowledge to the profession.

(v) Agreed—when finances will permit.

(vi) Agreed.

We commend the President for the presentation of an excellent report of his stewardship, realizing the great sacrifice of time and energy given so willingly for the welfare of our organization.

We recommend the adoption of the Report of the President.

APPROVED

MEMBERS OF NECROLOGY COMMITTEE: Don. W. Gullett, Chairman, Toronto, Ont.; Emery C. Jones, Vancouver, B.C.; R. A. Rooney, Edmonton, Alta.; L. J. D. Fasken, Regina, Sask.; J. F. Morrison, Winnipeg, Man.; Denis Forest, Montreal, P.Q.; S. K. Wetmore, Saint John, N.B.; G. M. Dewis, Halifax, N.S.; Heath McIntyre, Charlottetown, P.E.I.; E. P. Kavanagh, St. John's, Nfld.

REPORT

Your Necrology Committee reports with regret the loss of the following members since the last meeting:

Atkins, Joseph Henry	- - - - -	Toronto, Ont.
Badgley, Frederick Nichol	- - - - -	Toronto, Ont.
Bedard, Jean Baptiste Adeodat	- - - - -	St. Hyacinthe, P.Q.
Bernfeld, Benjamin	- - - - -	Montreal, P.Q.
Betts, M. F.	- - - - -	Grandview, Man.
Boutin, L. P.	- - - - -	Montreal, P.Q.
Brossard, Conrad	- - - - -	Montreal, P.Q.
Cameron, G. S.	- - - - -	Westmount, P.Q.
Cameron, John Donald	- - - - -	Renfrew, Ont.
Cleveland, Henry Ross	- - - - -	Montreal, P.Q.
Croley, Walter Franklin	- - - - -	Brantford, Ont.
Curry, W. J.	- - - - -	Vancouver, B.C.
Duofour, Joseph Wilbrod	- - - - -	Tadoussac, Saguenay, P.Q.
Duncan, Donald William	- - - - -	Petrolia, Ont.
Elliott, Gordon Armstrong	- - - - -	Owen Sound (Brantford), Ont.
Elliott, Orville Arthur	- - - - -	Toronto, Ont.
Ellis, Charles Wilson	- - - - -	Lancaster, Ont.
Gallagher, P. J.	- - - - -	Winnipeg, Man.
Gee, J. Ewart	- - - - -	Victoria, B.C.
Gellatly, Harvey	- - - - -	Fort William, Ont.
Goodwin, Whitman Smith	- - - - -	Harbour Grace, Nfld.
Gorham, C. F. G.	- - - - -	Saint John, N.B.
Griffin, Joseph Frederick	- - - - -	Halifax, N.S.
Gunn, William Joseph	- - - - -	Lancaster, Ont.
Hallett, Clifford Baron	- - - - -	Saskatoon, Sask.
Hamel, Bernard	- - - - -	Acton Vale, P.Q.
Hamel, Philippe	- - - - -	Quebec, P.Q.

NECROLOGY

Hart, Oliver	-	-	-	-	-	-	Gull Lake, Sask.
Hay, John Roy	-	-	-	-	-	-	Vancouver, B.C.
Hayford, Albert C.	-	-	-	-	-	-	Mahone Bay, N.S.
Héber, Joseph Raoul	-	-	-	-	-	-	Shawinigan Falls, P.Q.
Hodgins, Hebert John	-	-	-	-	-	-	Islington, Ont.
Howe, Edwin John	-	-	-	-	-	-	St. Catharines, Ont.
Jolicoeur, Alphonse	-	-	-	-	-	-	Lachine, P.Q.
Keller, William Harold	-	-	-	-	-	-	Vancouver, B.C.
Kelly, E. J.	-	-	-	-	-	-	Manitoba
Kinsman, Albert Rennie	-	-	-	-	-	-	Georgetown, Ont.
Lapp, John Stanley	-	-	-	-	-	-	Toronto, Ont.
Lemieux, Henri	-	-	-	-	-	-	Outremont, P.Q.
Lequyer, Leon Joseph	-	-	-	-	-	-	Saskatoon, Sask.
MacDonald, Daniel Lauchlin	-	-	-	-	-	-	Dartmouth, N.S.
MacDonald, Robert Turnbull	-	-	-	-	-	-	Hamilton, Ont.
MacLaren, Wallace Lyle	-	-	-	-	-	-	Toronto, Ont.
McFarlane, J. M.	-	-	-	-	-	-	Manitoba
Mitchell, Wallace Barrett	-	-	-	-	-	-	Burlington, Ont.
Mongrain, Omer	-	-	-	-	-	-	Montreal, P.Q.
Moore, Milton Lewis	-	-	-	-	-	-	Medicine Hat, Alta.
O'Shaughnessy, John Vincent	-	-	-	-	-	-	Hamilton, Ont.
Parberry, Reginald Charles	-	-	-	-	-	-	Victoria, B.C.
Sawyers, Walter Lindsay	-	-	-	-	-	-	Dryden, Ont.
Shepherd, John W. N.	-	-	-	-	-	-	Kelowna, B.C.
Skinner, Thomas A.	-	-	-	-	-	-	Calgary, Alta.
Sloane, Robert Duncan	-	-	-	-	-	-	Leamington, Ont.
Steele, L. D.	-	-	-	-	-	-	Regina, Sask.
Taylor, Andrew Willard	-	-	-	-	-	-	Yarmouth, N.S.
Travers, H. P.	-	-	-	-	-	-	Saint John, N.B.
Veilleux, J.	-	-	-	-	-	-	Quebec, P.Q.

R E P O R T

Observation is made that the transactions of kindred associations contain little by way of a report by the Secretary. Obviously the reason being that the work is fully covered in the other reports appearing in the agenda. This point has been repeatedly brought to the attention of the Executive to no avail.

Personnel

1. The ratio of dentists to population in Canada was worsened during the past year. The overall ratio as of January 1952 was one dentist to 2686 people and as of the same month 1954 the recorded ratio was one dentist to 2790 of the population. During the next preceding 15 years the number of dentists increased in Canada by 1086. The increase in population has resulted in a worse ratio than existed in the year 1938. According to the best available advice the population will continue to increase. The only answer to the problem presented is an increased number of graduates. The detailed position has been presented to authorities concerned on every possible occasion for several years. For the first time some indications of a concrete nature directed toward the providing of increased teaching facilities can be reported. However, it should be noted that such action will not be effective in improving the situation for several years or until graduates result from the increased facilities. Continuance of effort by this Association is necessary in order to secure adequate teaching facilities for dentistry.

Recruitment of Dental Students

2. Some fear has been expressed that sufficient numbers of students may not make application to the dental schools in order to meet the demand for services. A responsibility lies upon the profession to use available means to secure not only sufficient in numbers, but those of a high calibre. Such action is perhaps more necessary during the present period than at a later date. Those of the population of university age at present were born during the thirties. The birth rate from 1930 to 1940 was comparatively low. Consequently, the choice of vocation is extremely competitive during the years immediately ahead. Whereas primary schools are enlarging rapidly at present, secondary schools will be expanded in another four or five years to accommodate the increase. Hence the number of university applicants will rise drastically about 1960. Activity on the part of local dental organizations could be a factor of real importance in this matter.

The Survey of Dental Practice:

3. (a) Arising from the direction given at the last annual meeting, an economic survey was conducted earlier this year. Care was exercised in the

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preparation of a questionnaire which was mailed to every Canadian dentist with request for completion and return. Slightly better than 30% of the questionnaires were completed and returned. While a greater return is desirable, the percentage is said to be great enough for the degree of accuracy required. The returned questionnaires were forwarded to a tabulating agency late in June. During July and August the figures have been accurately compiled in the form of tables and a study of the resulting data begun. Some of the more prominent data will be presented at the convention next week. Several more weeks of study will be required before relasing these data. It is proposed to publish the results part by part, as the study of each section is completed. The Executive has directed that arrangement be made to have a firm of economic analysts examine and give report on the data.

(b) During the conduct of this survey the most frequent question arising from members has been respecting the use of the accumulated data. The answer is two-fold. First, it is practically impossible to discuss with any degree of satisfaction matters relating to health services with authorities without the use of reasonably accurate and recent statistics relating thereto. Secondly, it is hoped that individual members will be assisted considerably by studying the data when released. From the preliminary study made it is our opinion that both objectives have been accomplished in so far as the availability of facts is concerned.

(c) It is hoped that some degree of comparative study can be made, but this effort will be hampered owing to the scarcity of economic data relating to Canadian dental practice. However, in 1945 a survey was conducted on a cooperative basis by the Bureau of Statistics and the Canadian Dental Association, which gives some data for the year 1944 and three preceding years. A comparative study of the mean averages for the year 1944 and those arising from the present survey of 1953 reveal an interesting point. The percentage increase of the mean average gross income is revealed to be 76.1% and the increase of the mean average net income is 79.5%, with that for expenses having risen 63.6%.

(d) It will be understood that little comment can be made on the details of the survey until the whole study has been completed.

The Means of Progress

4. Since the last annual meeting a series of addresses have been given by the writer before local societies. Request has been made that a summary of these addresses be given in this report. From time to time any organization should take stock or assess values of activities, and an attempt has been made during the past year to present such assesment to the membership. In doing so the following seven points have been emphasized.

(a) *Enthusiasm*

Nothing takes the place of an enthusiastic membership. Practically all

solution of problems, financial and otherwise can be solved, if members can be induced to take real interest in the association. The answer lies in education of the membership respecting activities. The need is for more exposition of the obvious and less elucidation of the obscure. Assessment of value on a monetary basis is a retrograde step. Any attempt to show greater financial return than the contributions made is a step in the wrong direction. Such aim is unprofessional for a health profession. The spirit behind the activity is the essential matter; and yet, from a selfish viewpoint, it is to be admitted that gain is present.

(b) *Continuity of Effort*

Undoubtedly, continuity of effort has been the most important ingredient of any success achieved. It can be almost said with certainty that provided the following two factors obtain, success in any project can be predicted:

- (i) that the project is right and just for the dental profession;
- (ii) that patience is exhibited to work sincerely, assiduously and without discouragement over a long period. Spasmodic action creates little real gain. Nothing of consequence for dentistry has been accomplished through quick, easy action. This point may be illustrated in practically every phase of the work. It required ten years of effort to even begin any activity toward more teaching facilities. The continuous presentation of a dental health policy has resulted in changed thinking on the part of those in authoritative positions. The important thing is that right policy be adopted, followed by consistent action.

(c) *Cooperative Effort Pays*

A period of adjustment was necessary in order to learn the true value of cooperation. The establishment of a real cooperative policy at the annual meeting has been of inestimable value. Opinion has been repeatedly expressed that assistance from headquarters to provincial bodies has been of great value. Perhaps the policy of cooperation is even better illustrated in relationship to bodies outside the profession, such as health agencies, government or other, labour and educational bodies, etc. The dental profession cannot afford to practise isolationism. At times cooperation is difficult, but experience shows that it pays dividends in the long run. Illustration could be given in many fields of activity but the Association's attitude to the health insurance question is a good sample. Unity of thought is a difficult procedure and how easily impaired.

(d) *Readiness to Accept Responsibility*

Until the Association exhibited strength it was not considered a responsible body by other agencies. Growth has been gradual by means of several factors, of which sincerity and responsibility have been the most important. The establishment of a creditable headquarters building made for recognized stability. Diligent attention to matters referred to the Association for advice

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has led to a reputation for reliability with greatly increased responsibility. The development of factual basic data on dentistry in Canada with recognized reliability has been important. Privilege brings responsibility. If, as so often expressed, dentistry is to take care of its own affairs, then a readiness to accept responsibility must be evidenced.

(e) Gain Greater if Effort not Expended in Seeking Credit

This point is a disputatious one and difficult to explain, but an essential ingredient of much of the work accomplished. At times, effort has been expended by organizations in seeking credit when the same effort would be much better expended in the project itself. Again, some of the best results have been attained through and with another agency by whom any announcement is made. Many examples could be given. The Association makes no effort to secure any credit for results arising from the survey of dental schools, because the credit belongs to the schools concerned. Often the seeking of credit would defeat the aim itself. The attitude of securing accomplishment and letting the credit go has resulted in progress.

(f) Media for Expression Essential

Of the various media for expression the printed word remains the most vital, one reason being its endurance. An Association must publish to live. As this report is written the clipping service brings two newspaper editorials naming and based upon a C.D.A. pamphlet published in 1948. To be effective, policies must be made known; little progress will occur in effecting the most altruistic policy if its content is confined to the few. This is public relations at its best.

(g) Opposition can be Anticipated

Hardly anything is more natural to human nature than opposition from those who expect to lose if some benefit or privilege is gained by others. Opposition can be anticipated to most projects which are initiated. Some will oppose as an invasion of their suppositional rights and others as a seeking of privileges not granted to them. Patient toleration of the views of others is indispensable to progress. The open-approach in free and frank discussion with those concerned has at times slowed the result but made more certain the progress.

(h) If these points or lessons of experience be true, then it would appear reasonable that they be taken into consideration for future activities. One aim, if not the chief aim, is to make the profession self-sufficient in matters relating to dentistry. The achievement of this objective depends upon continuity of effort, stability of organization, building of sane policies, promulgation of said policies, recognition of responsibility and understanding of the place of the dental profession in society as a whole.

5. Once again may I thank the officers, members of the board, chairmen

and members of committees, together with the membership at large, for their great assistance in forwarding the work of the Association.

COMMENT

We suggest that if time permits, the Secretary continue to make an Annual Report.

1. We recommend that all channels be explored toward the furtherance of establishing additional facilities for the training of dental personnel.
2. We recommend that local dental organizations adopt a definite policy toward the recruitment of suitable dental students.
3. We endorse the action of the Executive in implementing the economic survey and look forward with interest to the further publication of these results.
4. We note with sincere appreciation the efforts of our Secretary in the preparation and delivering of many excellent addresses throughout Canada during the last year and further suggest that if possible the seven points designated beginning on page 2, be printed in the C.D.A. Journal as early as time permits.

We recommend the adoption of the Report of the Secretary.

APPROVED

EXECUTIVE

MEMBERS OF EXECUTIVE COMMITTEE: A. J. Coughlan, Chairman, Saint John, N.B.; G. Ratté, Québec.; P. G. Anderson, Toronto, Ont.; R. R. McIntyre, Calgary, Alta.; A. G. Racey, Montréal, P.Q.

R E P O R T

1. During the past year two meetings of your Executive were held, one immediately following the meeting of the Board of Governors and the second was held May 13th and 14th in Toronto.

2. There is perhaps no more important report to be considered by you at this meeting than the report of the Executive, inasmuch as it deals with the conduct of the affairs of your Association over the past year.

3. I shall endeavour to present to you the many transactions for your consideration as concisely as possible.

Economic Survey:

4. In view of the direction given at the Annual Meeting of the Board of Governors regarding our Economic Survey, this matter was thoroughly discussed with the method of procedure explained by your Secretary.

5. Your Executive then authorized the Secretary to proceed with the survey at as early a date in 1954 as was possible.

Newfoundland

6. A request by the representative of the Board of Governors from Newfoundland for assistance in straightening out certain difficulties which their organization was having with the Government relative to registration of certain unqualified persons, was dealt with and acted upon.

7. Your President and Secretary visited Newfoundland in Mid-December for a week and discussed with the Premier and other officials of the Government the existing dental situation, offering suggestions and advice for increased dental services for the people of that Province. Some results we feel will be forthcoming.

British Dental Association:

8. An invitation was received from the British Dental Association by your President to attend their Annual meeting being held in Blackpool on May 10th, 1954.

9. I realize that due to the expense and time involved that it is quite impossible to send a representative each year to these meetings, but I do feel some thought should be given to this matter which would help to strengthen the excellent relationship which now exists.

Council on Dental Education:

10. Ratification was given by your Executive for the expense to be incurred in having all deans of our Dental Schools attend the meeting of the Council on Dental Education.

11. At this particular meeting, the report of the Survey Team was to be submitted, and it was the opinion of the Executive that all the Deans be present.

Royal College of Surgeons of England:

12. Your Executive authorized the purchase of a chair to be placed in the Great Hall of the Royal College at Lincoln's Inn Fields. The donors name will be inscribed on a brass plaque.

13. This was one of the many buildings which suffered bombing during the last war and is now in the process of being refurnished. We are much indebted to the Royal College for past recognition of many of our members.

Convention Report 1953:

14. The Final Report of the Joint Meeting of the Canadian Dental Association and the Montreal Fall Clinic held in Montreal in October was approved and a tribute was paid to the General Chairman, Dr. Donigan, and his committees, for the very capable and efficient handling of all phases of this meeting.

Interim Report 1954 Convention:

15. A progress report of the 1954 Joint Convention being held at St. Andrews by-the-Sea was presented by Dr. James O'Brien. The Chairman and his committees were complimented for their effort to date.

Canadian Dental Association and Ontario Dental Association:

16. Approval was given to the appointment of a General Chairman, Dr. W. G. McIntosh, for this Joint Convention to be held in Toronto 1955.

Budget for 1955 Convention:

17. The budget for this meeting was also approved as presented by the Committee on the same basis of division as in 1950.

Visitation of President and Secretary:

18. Much serious thought should be given to this item of business, which involves considerable expense to your Association and is most time consuming for your President and Secretary. I myself have stated in an earlier report that I knew of no substitute which would be productive of equal results, but I still feel that consideration should be given to the matter for its continuance or curtailment.

EXECUTIVE

19. The Executive at its May meeting decided that the President and Secretary should attend the Pacific Coast Dental Conference being held in Banff in June, and also visit the Maritimes in July.

Report of Committee on Publications:

20. The Report of the Chairman of the Committee on Publications noted the favorable progress in all departments. A brief report was given by the Editor outlining the new set-up of the Journal, with reasons for its many changes. It is felt your Editor would be pleased to receive comments and constructive criticism from the membership relating to our Publication.

Finance:

21. The Chairman of the Finance Committee presented a very excellent and comprehensive report of the finances of your Association, one which, along with his recommendations, should be well weighed at this meeting. Dr. Phillips has been most meticulous in his study of the needs of your Association financially and as is evident has spared neither time nor effort to present a true picture of the situation.

22. The report of the Chairman on Finance was approved and Dr. Phillips congratulated for his thorough study of the financial status of our Association.

Headquarters:

23. The operation of your Association at headquarters is functioning smoothly with a very capable and painstaking staff. The Special Committee on staff last year recommended the employment of a man at headquarters who could operate a recently purchased printing machine and also be of help generally in looking after certain work which could not be expected of our staff. The Secretary has been very fortunate in securing just such a man and it is felt that much of our printing can be done for the Association at a considerable saving.

Furniture and Equipment:

24. To offset unnecessary bookkeeping it was decided to charge all equipment and furniture at Headquarters to the General Account.

Auditors Report:

25. The Auditors Report for the year ending December 31st, 1953, was approved.

Agenda Annual Meeting:

26. The Agenda of the Annual Meeting of the Board of Governors for 1954 was approved.

Honorary Membership:

27. A name for Honorary Membership was recommended to the Nominating Committee.

Installing Officer:

28. Dr. H. M. Cline was appointed installing officer for the Annual meeting 1954.

Interim Report Public Relations Committee:

29. The Interim Report of the Public Relations Committee was accepted with thanks and commendation for the excellence of its content.

Interim Report of Nominating Committee:

30. Dr. R. R. McIntyre was proposed as nominee for President-elect with probable acceptance. It was stated that the chairman of the Committee on Public Relations desired to relinquish his present post.

Film Library:

31. There is a popular demand for a Film Library and the matter has been thoroughly investigated as to its costs and operation. It is just another service which your headquarters would be glad to offer to the membership but are ever conscious of the expense involved.

War Memorial:

32. Your Executive approved of the title submitted by the Chairman of the War Memorial Committee for essay competition in 1954-1955:

“The Importance of the study of Occlusion to the Practice of Dentistry”.

Directory:

33. No fixed policy was adopted regarding the publication of a Directory. See Appendix A.

Publications:

34. The question of Publications and distribution was reviewed and the following policy adopted. See Appendix B.

“That in respect to the publication and distribution of pamphlets, that the control be vested solely in the Executive Officers of the Association.”

Economics of Practice:

35. In the opinion of your Secretary, some Committee should be studying the Economics of the Profession, and it was suggested that the Committee on Health Insurance Studies take over this work.

36. This Committee has agreed to take over and resolution to the effect was submitted to the By-laws Committee.

Rulings of Ethics Committee:

37. In the matter of rulings by the Committee on Ethics, the question arose as to their publication in the Journal. It was decided that they be published in the Journal as they occur.

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International Dental Federation:

38. The need for more information to our membership regarding the work of the International Dental Federation is essential to create greater enthusiasm and promote a more active support.

39. A better working knowledge of what this organization means to the dental profession throughout the world and our responsibility as the third ranking member in numbers is a project which should not be delayed.

Pension Trust Plan:

40. The report of the Pension Trust Plan showed a marked improvement in the success of the plan over a year ago. It is encouraging to the Association to find an ever-increasing interest by the members in this plan.

Economic Survey:

41. Our Secretary has been authorized to secure the services of the Wyatt Co. to make a report on the Survey when the results are tabulated.

Place of Meeting 1956:

42. Banff, Alberta.

Suggested Place of Meeting 1957:

43. Winnipeg, Manitoba.

Budget:

44. Budget for 1955 adopted as drafted.

In closing this report may I offer my sincere thanks to the members of my Executive, our Secretary, and to the office personnel for their fine spirit of cooperation and devotion in my efforts to serve you.

Appendix A

NOTATIONS RE PUBLISHING DIRECTORY

Investigation of methods in publishing a directory has been carried out during the last few months. The following facts are presented:

1. A demand exists for a current directory.
2. The directory published according to previous direction of the Executive—free distribution to membership and selected list—will cost this year approximately \$1262, plus mailing charges for 5500 copies (6000 copies ordered).
3. Advertising in the directory has been considered, with two objections raised, (a) interference with Journal advertising, (b) not in keeping with a publication of this kind by a professional organization.
4. Production of directory by multilith at Headquarters would cost approx-

imately \$800 for the same quantity. This amount could be offset to some extent by establishing a monthly revision service for commercial firms. However, the number of firms who would subscribe is questionable and the system would depend upon complete cooperation by Provincial Secretaries.

5. One commercial firm has asked our attitude toward an attempt being made by them to publish a directory supported by advertising. This firm would anticipate C.D.A. supplying data.
6. Contrary to past policy, it has been suggested that in future a smaller number be published and sold on order at a stated price.

Appendix B

POLICY RE PUBLICATIONS

The established general policy re publication of brochures, pamphlets, etc., has been that single copies have been supplied free and quantities supplied on the basis of reprint cost. Owing to rising costs of publication it has not been possible to always follow this policy, as the sale price has been set and subsequent orders have been invoiced at a higher publishing rate.

The following points are brought to your attention:

1. These publications constitute one of the best public relations efforts to date.
2. Many organizations make no charge and consider value received in gaining widespread circulation of their publications.
3. Considerable evidence is available that C.D.A. publications have been effective in influencing opinion.
4. The aim is distribution. These publications are useless on shelves.
5. The distribution number bears a definite ratio to the price.
6. Attempt has been made to publish in an attractive form at as low cost as possible.
7. Regardless of policy on sale price, the free distribution is large. E.g. requests from schools are numerous.
8. It is advantageous to circularize the membership when a new brochure is published, but this has not been done with recent publications owing to cost involved. Copy has been circulated with the Governors Letter.
9. Owing to the variation in publications, a fixed policy is not easily established.
10. Some guidance is desirable.

EXECUTIVE

COMMENT

After careful review of the actions of the Executive since the last meeting, we give hearty approval and commend the President and the Executive on their untiring efforts. We recommend the adoption of the report.

APPROVED

REPORT

Revenue

1. The Association revenue is practically fixed and there is no method of increasing the total amount, known at present, except by an increase of grants.
2. You will realize as you study the Statement of Revenue and Expenditure of the general account that after the executive has set aside the usual grants and paid the fixed expenses, the Canadian Dental Association has no money to do many of the very necessary things for the good of the profession and the advancement of the science of dentistry in Canada and progress can not be made without having some surplus funds available.

Surveys

3. For the past several years in many of our provinces there have been made scientific surveys by several dental bodies. Now we know that they have been an influence for good to our profession. We have been able to influence the proper authorities to think better of dentistry and to bring to their attention the position of the profession in reference to personnel, ancillary assistance, teaching facilities, and the great desire of the profession to serve the public better.

4. I have reference to the following projects which have done most for us. These are not in order of importance, for several were being done at the same time.

- (a) The Health Survey
- (b) The Survey of Dental Schools
- (c) Dental Research Campaign in Ontario
- (d) Annual Personnel Survey and Student Register

5. We have been able to make the best relationships and contacts with the right people and right associations that will bring to dentistry several million dollars for building dental facilities.

Expense Accounts

6. Last year at Montreal, the Finance committee was asked to draw up an expense sheet of the deductible expenses for accredited delegates attending official meetings.

7. Two resolutions have been passed in reference to this matter. Following you will find the resolutions:

1. July 23 and 24, 1951

"That the hotel expenses of those officially present at the annual meeting be paid up to 3.00 p.m. on the day following the adjournment of the Board of Governors meeting."

FINANCE

2. Feb. 11-13, 1952

"That the following rulings be followed in the preparation of the expense accounts for the Board of Governors meeting:

Invited delegates will be entitled to a refund on the following items:

Transportation by train, 1st class ticket, chair car or equivalent of a lower berth. By plane, over long distances when rates compare favourably with train transportation. Hotel rate for a single room, meals and gratuities—at reasonable prices."

8. Then the Executive at meeting May 13 and 14, 1954, passed the following Resolution:

"That Resolution No. 1 passed on July 23 and 24, 1951 and Resolution No. 2 passed on Feb. 11-13, 1952, along with any other needed information be printed on the back of expense accounts that the delegates received and that the words 'lower berth' contained in Resolution No. 2 be changed to the words 'single bedroom'.

Financial Position

9. As you study our financial position, one wonders if we should relinquish some of our activities or should we start to sell the idea to the provinces that we must have more money. These are two important questions that will have to be answered.

10. Each of us knows that expenses have greatly increased in recent years. In our profession they have reached a point where they represent a major problem that we have to solve. While no business ever made a profit by cutting productive expenses, nevertheless it is necessary to control all expenses.

11. Today we have an enviable place among the professions of Canada, where we are acknowledged as a progressive and aggressive association serving, which most of us consider to be, the most fascinating profession of Canada. I know there have been times when the road has been rugged, the hills have been steep and the curves have been hazardous, but as we reflect on the past, haven't these experiences preserved and quickened us? For all these blessings we have the right to remember the men who came before us and should press forward with optimism to the future. I see no reason why we can't look with enthusiasm to the days ahead and spend the necessary money for the good of our profession, tempered with the realization that to do this we must have the support of the whole profession.

Bonds

12. The following bonds have been purchased from the Reserve Account since the '53 Annual Meeting:

BONDS PURCHASED SINCE LAST ANNUAL MEETING (OCTOBER 1953)

- \$1,000 Province of Ontario 4% Debentures due Jan. 1, 1968
- \$3,000 Canadian National Railways 3¾% Bonds Guaranteed by Government of Canada, due Feb. 1, 1972/74
- \$1,000 Province of New Brunswick 3¾% Debentures due April 15, 1970

13. As Appendix A at the end of of this report will be found a statement of Bonds held by this Association.

Auditors' Statement 1953

14. Auditors' Report and Financial Statement will appear as Appendix B of this report.

Financial Statement

15. Comments upon the Auditors' Financial Statement for the year ending December 31st, 1953.

A. Although the budget for the year 1953 had anticipated a deficit of \$2,630.00 it will be noted that a surplus of \$12,406.13 is stated in the Auditors' Statement for the year. While this is very gratifying at first glance, it should be borne in mind that this surplus was made possible only because of the following:

- (I) Part of the expenses originating from the Annual Meeting had not been paid at the time of audit.
- (II) Delay in building staff up to strength as set aside in budget.
- (III) Transactions, Publications and translation, etc., arising from 1953 Annual Meeting will appear in 1954 expenses.
- (IV) The actual revenue for the year exceeded the budget by \$8,241.42 being chiefly made up of increases in the grants and convention surplus.

B. *General Comment on Disbursements*

- 1. Grants to committees increased by \$1,300.
- 2. Last year, in reference to officers and clerical salaries, when the report of the Special Committee was accepted, it was thought at that time there would be an increase in cost of this item of about \$6,000.00—the actual increase was only \$3,301.25. The reason being that the staff had not at this time been brought up to full strength.
- 3. Committee expenses decreased from \$3,495.65 in 1952 to \$2,047.05 in 1953, showing a net saving of \$1,448.60. The committees had not met at time of audit.

FINANCE

4. The cost of the Transactions was not included in 1953 audit for the reason that they had not been printed at that time.
5. By Executive action the cost of the Annual Meeting is considered on a ten-year basis. The reports for the past ten years show an average cost of \$5,139.75.
6. It is probable the publication costs will be high in 1954 for the reason that the Annual Meeting being held earlier and several publications coming out of the business of the Annual Meeting will be published before the end of the current year. This condition is also true in reference to other business of meeting and 1954 will likely be a year carrying much of 1953 expenses as well as most of its own.
7. In reference to the cost of pamphlets and reports your financial statement does not give a true picture, for they too belong to 1953 but will be charged to 1954.
8. Cost of translations down about \$350.00. The Executive have Dr. Gerard de Montigny and the University of Montreal to thank for this. The Doctor takes a panel of students who do the translations and revises them at a cost of only \$360.00 a year. For reasons stated above the cost of translations in 1954 may be doubled.
9. The cost of stationery and office expenses is down \$600.00 The reason for this is that the stationery is bought in large quantities to cut expense.
10. Although the postage costs appear to be down they will be much higher, for the transactions and other publications were not mailed previous to the audit. Besides, the increase in postage rates as of April 1, 1954 will have to be taken into consideration.
11. The cost of furniture and fixtures is \$1,363.75 in 1953 from \$2,961.15 in 1952, a difference of \$1,597.40.
12. You will note that the cash in Bank December 1953 was \$16,841.27 as compared to \$4,027.87 in 1952, a difference of \$12,813.40.

Because of the overlapping of the years it is most difficult to present to you a true picture of our financial position. 1954 is sure to be a year of high expenses to be paid. It is better understood when compared with statements of 1952, 1953 and 1954.

13. Following the Statement of Revenue and Expenditure of the General Fund, you will find the statements of all the other Trust Funds under C.D.A. and the figures appear to be self-evident.
14. The tentative budget for 1955 appears as Appendix C.

C. *Needs of the Association*

The Corporate Members have been very generous in grants, but with increasing costs we just cannot move farther ahead. There are things

we are not doing which should be done, from which much is to be gained, if we spend the money on the ground work now which will bring splendid results with interest in the future. I have been asked by the Executive Committee to present needs to the Board of Governors so that they may formulate a plan that is acceptable to all members of the profession. In this manner our program of the future could offset a crisis and have the profession ready for any situation that may arise. I am convinced that it is the responsibility of members of the Board of Governors of each province to carry a picture of our needs to the profession. This information, given to the profession, must be accurate and tactfully presented.

1. *Reserve*

The Reserve Fund is inadequate to withstand more than a minor demand upon it to meet any emergency. It is considered good business that the minimum Reserve Fund of an organization should equal at least two years' disbursements. At the end of 1953, the Reserve Fund is stated to be \$34,000.

2. *Directory*

A real demand exists for a current directory at yearly intervals. It is doubtful if the Association will be in a financial position to publish a directory as frequently as in the past, which has been at two or three year intervals.

3. *Research*

Research is basic to a scientific profession. In reports of the Research Committee over the last few years the following have been stated as essential to progress.

- (a) Training of dental personnel for research
- (b) Funds, not available from others sources, should be available for special projects.
- (c) Central direction of research procedures.

The position of the profession could be improved by more financial assistance in the research field.

4. *Health Insurance Studies*

Factual information is essential in order to face current health problems. Surely we should be armed with more accurate data than those with whom we have to negotiate. Surveys for necessary information must be gathered for the protection of the profession. The present allotment of funds to this committee covers only the actual expenses of meeting once a year.

5. *Pamphlets and Reports*

The Association is not meeting the demand in this field of activity which is the most valuable avenue of expression open to us.

FINANCE

6. *Dental Education*

The Council on Dental Education has illustrated abundantly the results of the use of a little money in their activities. The efforts of the Council have been maintained partially by the securing of funds outside the Association. Such funds will be discontinued. In order to sustain the established projects more financial assistance will be necessary from the Association.

7. *Public Relations*

Any expansion in this field would require more financial support.

8. *Journal*

Greatly increased costs of publication have strictly limited the Committee on Publications. The Journal constitutes the greatest means of presenting Canadian Dentistry at home and abroad.

9. *Film Library*

There has been a demand for the establishment of a film library from numerous societies. From the experience of others we find that this is a very expensive undertaking. The present financial position of the Association does not permit the addition of this service to the profession.

10. *Representation*

Canadian dentistry should be represented at all important dental meetings both within and outside Canada. The C.D.A. is the third largest national group of the F.D.I. and we should take the part expected of us. There is no way of estimating the results of these relations and contacts for the good of dentistry in Canada.

11. (a) Your Finance Committee, last year, pointed out the great need of relieving the Secretary of some of his duties so that he might be free to continue, and to implement commitments at home and abroad for which he is so well fitted. Dentistry faces important problems and Dr. Don W. Gullett has to be prepared to present facts and briefs at almost a moment's notice. He should be relieved of some of the burdens of administration, so that he may have more time to prepare and to do these important and necessary things for Dentistry, for he knows better than any of us the importance of getting all the necessary information before the proper sources.

(b) He receives calls from all parts of Canada, from provinces that are in trouble and he must act on these requests. While he is away work piles up at headquarters and this has to be done in extra hours in the evenings. Besides, for many months of the year there is a committee meeting almost every evening—Monday through Friday—

which he must attend. This is just another example of the many activities that are curtailed because of the lack of funds.

(c) The American Dental Association, for all practical purposes has unlimited resources, is able to carry out expensive projects which this Association will never be able to undertake on the same scope. The results are freely made available to the C.D.A. through the close liaison of our Secretary and the A.D.A. This is of immeasurable value to us and everything possible should be done to encourage the relationship for our own advantage.

(d) It has been my plea for the past two years to relieve our Secretary of some of the details of headquarters. If we could get \$25.00 per capita it would give us a fixed income of \$120,000.—with that amount we could do much to help our needs, one being more assistance at headquarters. I wonder if we stop and think what would happen to us at the C.D.A. Headquarters if Dr. Gullett should be sick. We are so greatly dependent upon him for so many phases of dental business.

Recommendations

- 16. (1) That the Auditors' Statement for 1953 be adopted and auditors for 1954 be appointed.
- (2) That the per capita fee be raised as soon as possible.

Appendix A

GOVERNMENT AND GOVERNMENT GUARANTEED BONDS

	Par Value	Amount Paid
Government of Canada		
3% Oct. 1, 1959/63	\$16,000.00	\$16,000.00
3% Oct. 1, 1959/63 (War Mem.)	7,500.00	7,875.00
3% Oct. 1, /63	1,000.00	941.25
3% Sept. 1, 1961/66	2,500.00	2,621.87
3% Sept. 1, 1966 (Grieve Mem.)	3,500.00	3,408.13
3% Sept. 1, 1966 (Grieve Mem.)	1,000.00	935.00
Province of Ontario		
4% Dec. 15, 1961	3,000.00	3,000.00
3% Apr. 15, 1965	1,000.00	997.50
4% Jan. 1, 1966/68	1,000.00	998.16
Province of Quebec		
3% Oct. 1, 1963	500.00	500.00
3% Oct. 1, 1963	1,000.00	925.00
4% April 15, 1966	1,000.00	995.00

FINANCE

Province of British Columbia		
3% June 15, 1964	500.00	491.25
Province of Manitoba		
3% Feb. 15, 1967	1,000.00	993.75
Province of Nova Scotia		
3% Dec. 15, 1967	1,000.00	890.00
Province of Prince Edward Island		
4¼% Dec. 1, 1967	1,000.00	993.75
Province of New Brunswick		
3¾% Apr. 15, 1970	1,000.00	987.50
Hydro-Electric Power Commission of Ontario (Guaranteed by Prov.)		
4¼% Nov. 1, 1964/67 (Grieve Mem.)	1,000.00	1,005.00
3% Apr. 1, 1968/70	500.00	498.83
4¼% July 15, 1969	2,000.00	1,985.00
3% Jan. 1, 1968	1,000.00	986.00
Canadian National Railways (Guaranteed by Gov. of Canada)		
3¾% Feb. 1, 1972/74	3,000.00	2,985.00
April 15, 1954	\$51,000.00	\$51,012.99

Appendix B

January 21, 1954.

Dr. G. Ratte, President,
Canadian Dental Association,
Toronto, Ontario.

Dear Sir:

We have audited the accounts of the CANADIAN DENTAL ASSOCIATION for the year ended December 31, 1953, and submit herewith the following statements:

Balance Sheet	Page	2
Auditors' Report	"	3
Statements of Revenue and Expenditure:		
General	"	4
Housing Fund	"	5
Dental Research Fund	"	5
War Memorial Award Fund	"	6
Council on Dental Education Fund	"	6
The Grieve Memorial Lectureship Fund	"	7

Library Trust Fund	"	7
Reserve Fund	"	8

Statements of Receipts and Disbursements:

General	"	9
Housing Fund.....	"	10
Dental Research Fund	"	11
War Memorial Award Fund	"	11
Council on Dental Education Fund	"	12
The Grieve Memorial Lectureship Fund	"	13
Library Trust Fund	"	13
Reserve Fund	"	14

Respectfully submitted,

THORNE, MULHOLLAND, HOWSON & McPHERSON
Chartered Accountants

BALANCE SHEET

December 31, 1953

Assets**General Account:**

Cash on hand and in bank	\$	16,841.27	
Prepaid expenses and accrued revenue		1,115.62	
Office furniture and fixtures	\$	9,531.70	
<i>Less</i> accumulated allowance			
for depreciation		3,705.90	5,825.80
			\$ 23,782.69

Housing Fund:

Cash on hand an in bank		6,523.79	
Prepaid insurance		490.33	
Land, 234 St. George Street, Toronto		5,100.00	
Bldg., 234 St. George St., Toronto.....	67,549.56		
<i>Less</i> accumulated allowance			
for depreciation		4,954.54	62,595.02
Furnishings and equipment	10,723.40		
<i>Less</i> accumulated allowance			
for depreciation		3,122.54	7,600.86
			82,310.00

Dental Research Fund:

Cash in bank	11,418.83
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Dental Research Committee:

Cash in bank	316.94
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War Memorial Award Fund:

Cash in bank	529.42
Government of Canada 3% bonds at cost	
(market value \$7,096.00)	7,875.00

FINANCE

Interest accrued on bonds	56.25	8,460.67	
Council on Dental Education:			
Cash in bank		2,976.72	
The Grieve Memorial Lectureship Fund:			
Cash in bank	23.13		
Government of Canada 3% bonds, at cost (market value \$5,236.00)	5,348.13		
Interest accrued on bonds	52.08	5,423.34	
Library Trust Fund:			
Cash in bank	3,475.86		
Books	3,178.06		
Less accumulated allowance for depreciation	1,363.45	1,814.61	5,290.47
Reserve Fund:			
Cash in bank	738.41		
Loan receivable from housing fund	15,000.00		
Dominion, Provincial and Provincial guaranteed bonds at cost (market value \$32,256.00)	33,816.62		
Accrued interest on bonds	255.90	49,810.93	
			\$189,790.59

BALANCE SHEET
December 31, 1953
Liabilities

General Account:			
Accounts payable	\$	172.58	
Surplus:			
Balance, December 31, 1952	\$	11,203.98	
Surplus for year 1953		12,406.13	23,610.11
Housing Fund:			
Loan payable to reserve fund		15,000.00	
Surplus:			
Balance, December 31, 1952		67,174.37	
Grants		1,500.00	
		68,674.37	
Less deficit from building operating for 1953		1,364.37	67,310.00
			82,310.00

FINANCE

Dental Research Fund:

Surplus, December 31, 1952	9,451.98	
Surplus for year 1953	1,966.85	11,418.83

Dental Research Committee:

Surplus, December 31, 1952	411.79	
Less deficit for year 1953	94.85	316.94

War Memorial Award Fund:

Surplus, December 31, 1952	8,431.15	
Surplus for year 1953	29.52	8,460.67

Council on Dental Education:

Surplus, December 31, 1952	1,400.89	
Surplus for year 1953	1,575.83	2,976.72

The Grieve Memorial Lectureship Fund:

Surplus, December 31, 1952	5,423.01	
Surplus for year 1953	.33	5,423.34

Library Trust Fund:

Accounts payable	23.43	
Surplus, December 31, 1952	5,017.25	
Surplus for year 1953	249.79	5,267.04

Reserve Fund:

Surplus, December 31, 1952	46,268.18	
Surplus for year 1953	3,542.75	49,810.93

\$189,790.59

AUDITORS' REPORT

We have audited the accounts of the Canadian Dental Association for the year ended December 31, 1953, and report that, in our opinion, the accompanying balance sheet and related statements of revenue and expenditure and receipts and disbursements, fairly present the financial position of the Association as at December 31, 1953 and its financial transactions for the year then ended, exclusive of the accounts of the Committee on Publications, according to the best of our information and the explanations given us, and as shown by the books.

THORNE, MULHOLLAND, HOWSON & McPHERSON

Chartered Accountants

FINANCE

Canadian Dental Association STATEMENT OF REVENUE AND EXPENDITURE GENERAL

Year Ended December 31, 1953

Revenue

Grants from Provincial Boards:

British Columbia	\$ 8,325.00	
Alberta	5,475.00	
Saskatchewan	3,285.00	
Manitoba	3,780.00	
Ontario	33,915.00	
Quebec	17,775.00	
New Brunswick	1,500.00	
Nova Scotia	2,880.00	
Prince Edward Island	420.00	
Newfoundland	330.00	
		\$ 77,685.00

National convention 1953	1,874.24
Transfer from reserve fund	977.50
Sale of pamphlets	535.68
Sundry revenue	64.00
	\$ 81,136.42

Expenditure

Grants:

Committee on Publications	\$ 13,500.00	
Council on dental education	3,000.00	
Dental research fund	3,000.00	
Federation Dentaire Internationale	675.00	
Sundry grants	125.00	
		\$ 20,300.00

Officers and clerical salaries	19,238.63
Officers' pension plan	2,291.52
Unemployment insurance	123.24
Hospital insurance	257.60
Committee expenses (not including Committees receiving grants)	2,047.05
Officers' expenses	3,647.77
Board of Governors Meeting Expenses	4,774.64
Legal and audit	515.00
Library expenses	178.80
Pamphlets and reports	2,485.22
Housing fund, rent	3,600.00

FINANCE

Translations	45.00
Stationery and office expense	3,021.24
Telephone and telegraph	436.64
Postage	1,314.77
Depreciation, office furniture and fixtures	953.17
Transfers to reserve fund	3,500.00
	68,730.29
<i>Surplus for year, after giving effect to the above</i>	
<i>transfer to reserve fund</i>	<i>12,406.13</i>
	\$ 81,136.42

Canadian Dental Association

HOUSING FUND

STATEMENT OF REVENUE AND EXPENDITURE

Year Ended December 31, 1953

	Revenue	
Rentals		\$5,556.00
	Expenditure	
Mortgage interest		\$ 271.88
Repairs and maintenance		1,024.12
Taxes		663.90
Janitor		700.00
Heat		448.97
Gas and water		379.11
Light		385.81
Insurance		211.00
Audit		60.00
General expenses		14.50
Depreciation on buildings		1,688.74
Depreciation on furnishings and equipment		1,072.34
		\$6,920.37
<i>Deficit for year</i>		<i>1,364.37</i>
		\$5,556.00

Note: The above statement of revenue and expenditure covers building operating items only and does not include grants to this fund totalling \$1,500.00 which were credited directly to surplus.

FINANCE

DENTAL RESEARCH FUND
STATEMENT OF REVENUE AND EXPENDITURE
Year Ended December 31, 1953

Revenue

Grant, Canadian Dental Association, from general account	\$3,000.00
Transfer from Canadian Dental Research Foundation	499.57
Bank interest	55.36
Sundry revenue	2.97
	\$3,557.90

Expenditure

Studentships	\$1,527.00
General expense	39.05
Audit	25.00
	\$1,591.05
<i>Surplus for year</i>	1,966.85
	\$3,557.90

Canadian Dental Association
WAR MEMORIAL AWARD FUND
STATEMENT OF REVENUE AND EXPENDITURE
Year Ended December 31, 1953

Revenue

Bond interest	\$ 225.00
Bank interest	2.74
Sundry revenue	1.78
	\$ 229.52

Expenditure

Essay awards	\$ 200.00
<i>Surplus for year</i>	29.52
	\$ 229.52

COUNCIL ON DENTAL EDUCATION
STATEMENT OF REVENUE AND EXPENDITURE
Year Ended December 31, 1953

Revenue

Grants:	
Canadian Dental Association	\$3,000.00

FINANCE

Kellogg Foundation	2,300.00	
		\$5,300.00
Bank interest		13.78
		\$5,313.78
Expenditure		
Council meeting expenses		\$ 990.27
Expenses re survey of dental schools		2,747.68
		\$3,737.95
Surplus for year		1,575.83
		\$5,313.78

Canadian Dental Association
THE GRIEVE MEMORIAL LECTURESHIP FUND
STATEMENT OF REVENUE AND EXPENDITURE
Year Ended December 31, 1953

Revenue		
Bond interest		\$ 177.50
Bank interest		.33
		\$ 177.83
Expenditure		
Orthodontic Section of Canadian Dental Association		\$ 177.50
Surplus for year		.33
		\$ 177.83

LIBRARY TRUST FUND
STATEMENT OF REVENUE AND EXPENDITURE
Year Ended December 31, 1953

Revenue		
Donations		\$1,040.15
Bank interest		13.55
		\$1,053.70
Expenditure		
Binding books, journals, etc.		\$ 166.45

FINANCE

Depreciation on books	635.61
Bank charges	1.85
	\$ 803.91
<i>Surplus for year</i>	249.79
	\$1,053.70

Canadian Dental Association
STATEMENT OF REVENUE AND EXPENDITURE
RESERVE FUND

Year Ended December 31, 1953

Revenue	
Interest on bonds	\$1,008.55
Bank interest	11.70
Transfers from general account	3,500.00
	\$4,520.25
Expenditure	
Transfer to general account re interest	\$ 977.50
<i>Surplus for year</i>	3,542.75
	\$4,520.25

Canadian Dental Association
STATEMENT OF RECEIPTS AND DISBURSEMENTS
GENERAL

Year Ended December 31, 1953

Receipts	
Cash on hand and in bank, December 31, 1952	\$ 4,027.87
Grants from Provincial Boards:	
British Columbia	\$ 8,325.00
Alberta	5,475.00
Saskatchewan	3,285.00
Manitoba	3,780.00
Ontario	33,915.00
Quebec	17,775.00
New Brunswick	1,500.00
Nova Scotia	2,880.00
Prince Edward Island	915.00
Newfoundland	330.00
	78,180.00
National convention 1953	1,874.24
Transfer from reserve fund	977.50

FINANCE

Sale of pamphlets	535.68
Sundry receipts	64.00
	\$ 85,659.29

Disbursements

Grants:	
Committee on publications	\$ 13,500.00
Council on dental education fund	3,000.00
Dental research fund	3,000.00
Federation Dentaire Internationale	675.00
Sundry disbursements	125.00
	\$ 20,300.00
Officers' and clerical salaries	19,238.63
Officers' pension plan	2,291.52
Unemployment insurance	123.24
Hospital insurance	240.20
Committee expenses (not including Committees receiving grants)	2,047.05
Officers' expenses	3,647.77
Board of Governors meeting expense	4,774.64
Library expenses	178.80
Legal and audit	515.00
Pamphlets and reports	2,369.22
Housing fund, rent	3,600.00
Translations	45.00
Stationery and office expense	3,000.97
Telephone and Telegraph	458.57
Postage	1,123.66
Furniture and fixtures	1,363.75
Transfers to reserve fund	3,500.00
	\$ 68,818.02
Cash on hand and in bank, December 31, 1953	16,841.27
	\$ 85,659.29

Canadian Dental Association
HOUSING FUND
STATEMENT OF RECEIPTS AND DISBURSEMENTS
Year Ended December 31, 1953

Receipts

Cash in bank, December 31, 1952	\$ 12,689.59
Grants:	
New Brunswick Dental Society	\$ 500.00

FINANCE

College of Dental Surgeons of the Province of Quebec	1,000.00	1,500.00
Rentals		5,556.00
		<u>\$ 19,745.59</u>
Disbursements		
Repairs and maintenance	\$	1,024.12
Alterations to building		612.00
Furnishings and equipment		422.43
Mortgage principal		7,750.00
Mortgage interest		368.76
Taxes		663.90
Janitor		700.00
Heat		448.97
Gas and water		379.11
Light		385.81
Insurance		392.20
Audit		60.00
General expenses		14.50
		<u>\$ 13,221.80</u>
Cash on hand and in bank, December 31, 1953		6,523.79
		<u>\$ 19,745.59</u>

Canadian Dental Association
DENTAL RESEARCH FUND
STATEMENT OF RECEIPTS AND DISBURSEMENTS
Year Ended December 31, 1953

Receipts		
Cash in bank, December 31, 1952	\$	9,451.98
Grant, Canadian Dental Association, from general account		3,000.00
Transfer from Canadian Dental Research Foundation		499.57
Bank interest		55.36
Sundry Receipts		2.97
		<u>\$ 13,009.88</u>
Disbursements		
Studentships	\$	1,527.00
General expense		39.05
Audit		25.00
		<u></u>

FINANCE

Cash in bank, December 31, 1953	\$ 1,591.05
	11,418.83
	\$ 13,009.88

WAR MEMORIAL AWARD FUND STATEMENT OF RECEIPTS AND DISBURSEMENTS

Year Ended December 31, 1953

Receipts

Cash in bank, December 31, 1952	\$ 499.90
Bond interest	225.00
Bank interest	2.74
Sundry receipts	1.78
	\$ 729.42

Disbursements

Essay awards	\$ 200.00
Cash in bank, December 31, 1953	529.42
	\$ 729.42

Canadian Dental Association COUNCIL ON DENTAL EDUCATION FUND STATEMENT OF RECEIPTS AND DISBURSEMENTS

Year Ended December 31, 1953

Receipts

Cash in bank, December 31, 1952	\$1,400.89
Grants:	
From general account	\$3,000.00
Kellogg Foundation	2,300.00
	5,300.00
Bank interest	13.78
	\$6,714.67

Disbursements

Council meeting expenses	\$ 990.27
Expenses re survey of dental schools	2,747.68
	\$3,737.95
Cash in bank, December 31, 1953	2,976.72
	\$6,714.67

FINANCE

Canadian Dental Association
THE GRIEVE MEMORIAL LECTURESHIP FUND
STATEMENT OF RECEIPTS AND DISBURSEMENTS
Year Ended December 31, 1953

Receipts

Cash in bank, December 31, 1952	\$ 22.80
Bond interest	177.50
Bank interest	.33
	\$ 200.63

Disbursements

Orthodontic Section of Canadian Dental Association	\$ 177.50
Cash in bank, December 31, 1953	23.13
	\$ 200.63

LIBRARY TRUST FUND
STATEMENT OF RECEIPTS AND DISBURSEMENTS
Year Ended December 31, 1953

Receipts

Cash in bank, December 31, 1952	\$3,334.45
Donations	1,040.15
Bank interest	13.55
	\$4,388.15

Disbursements

Books	\$ 743.99
Binding books, journals, etc.	166.45
Bank charges	1.85
	\$ 912.29
Cash in bank, December 31, 1953	3,475.86
	\$4,388.15

Canadian Dental Association
RESERVE FUND
STATEMENT OF RECEIPTS AND DISBURSEMENTS
Year Ended December 31, 1953

Receipts

Cash in bank, December 31, 1952	\$1,204.87
Interest on bonds	977.50

FINANCE

Bank interest	11.70
Transfers from general account	3,500.00
	<u>\$5,694.07</u>

Disbursements

Bonds purchased:	
Province of Quebec, 4%, par value \$1,000.00 due April 15, 1966	\$ 995.00
Province of Ontario, 4%, par value \$1,000.00 due January 1, 1968	997.50
Hydro Electric Power Commission, 4¼%, par value \$2,000.00 due July 15, 1969	1,985.00
Interest accrued on bonds purchased	.66
Transfer to general account re interest	977.50
	<u>\$4,955.66</u>
Cash in bank, December 31, 1953	738.41
	<u>\$5,694.07</u>

Appendix C

BUDGET FOR 1955

Revenue

	1953 Budget	1953 Actual	1954 Budget	1955 Budget
Grants from Provincial Boards:				
British Columbia	\$ 8,190.00	\$ 8,325.00	\$ 8,670.00*	\$ 8,670.00
Alberta	4,515.00	5,475.00	5,475.00*	5,475.00
Saskatchewan	3,165.00	3,285.00	3,270.00*	3,270.00
Manitoba	3,660.00	3,780.00	3,750.00	3,750.00
Ontario	31,740.00	33,915.00	32,915.00	33,000.00
Québec	16,065.00	17,775.00	17,835.00*	17,835.00
New Brunswick	1,500.00	1,500.00	1,500.00*	1,500.00
Nova Scotia	2,850.00	2,880.00	2,600.00	2,880.00
Prince Edward Island 1953	435.00	480.00	435.00	480.00
1952		435.00		
Newfoundland	270.00	330.00	330.00	330.00
Transfer from Reserve—				
Bond Interest	800.00	977.50	1,067.50	1,257.00
Associate Membership Fees	100.00	64.00	100.00	50.00
Sale of Pamphlets	100.00	535.68	100.00	100.00
National Convention — 1953		1,874.24	100.00	100.00

FINANCE

Sundry Receipts				
Cash on hand and in bank				
December 31, 1952		4,027.87		
	\$73,390.00	\$85,659.29	\$78,147.50	\$78,697.00
Difference between estimate and				
Grants actually received			390.00	
			\$77,757.50	

*Grants actually received for 1954 at time of compiling

BUDGET
FOR
1955

	Disbursements			
	1953 Budget	1953 Actual	1954 Budget	1955 Budget
Grants:				
Committee on Publications...	\$13,500.00	\$13,500.00	\$14,500.00	\$14,500.00
Council on Dental				
Education	3,000.00	3,000.00	3,000.00	3,000.00
Research Committee Fund	3,000.00	3,000.00	3,500.00	3,500.00
Federation Dentaire				
Internationale	1,000.00	675.00	750.00	750.00
Sundries	500.00	125.00	—	—
Secretary's Honorarium	4,000.00	6,000.00	6,000.00	6,000.00
Clerical Assistance	14,000.00	13,238.63	16,000.00	19,500.00
Officers Pension Plan	2,000.00	2,291.52	2,291.52	2,291.52
Unemployment Insurance	125.00	123.24	150.00	150.00
Hospital Insurance—				
Blue Cross and Medical				
Care—P.S.I.	190.00	240.20	275.00	275.00
Committee Expenses:				
Executive	2,500.00	2,025.58	1,800.00	2,000.00
Dental Public Health	500.00	1,123.08	500.00	500.00
Convention	100.00	—	100.00	100.00
Legislation	25.00	25.00	25.00	25.00
Nomenclature	25.00	—	25.00	25.00
Hospital Dental Services	100.00	—	100.00	100.00
Public Relations	1,000.00	588.15	1,000.00	1,250.00
War Memorial	75.00	75.00	75.00	75.00
Finance	25.00	—	25.00	25.00
Ethics	25.00	25.00	25.00	25.00
By-laws	25.00	—	25.00	25.00
Health Insurance Studies.....	600.00	—	1,000.00	1,000.00

FINANCE

Auxiliary Services	25.00	—	25.00	25.00
Specialists and Specialization	—	—	25.00	25.00
Nominating	25.00	25.00	25.00	25.00
Dental Services	300.00	—	—	—
New Committees	100.00	—	—	—
16—Canadian Dental Association				RL—3
Officers' Expenses	3,500.00	3,480.69	3,000.00	4,000.00
Annual Meeting	6,000.00	4,774.64	7,000.00	5,000.00
Pamphlets and Reports	5,000.00	664.46	6,000.00	6,000.00
Library Expenses	—	178.80	300.00	300.00
National Dental Examining Board	500.00	—	—	—
Audit	200.00	215.00	215.00	215.00
Legal	300.00	300.00	300.00	300.00
Contingency Fund	—	—	1,000.00	1,000.00
Housing—Rental	3,600.00	3,600.00	3,600.00	3,600.00
Translations	750.00	45.00	500.00	500.00
Stationery & Office Expense	3,500.00	2,844.62	3,500.00	3,500.00
Telephone and Telegraph	400.00	458.57	500.00	500.00
Postage	1,800.00	1,123.66	3,000.00	3,000.00
Office Equipment	—	1,363.75	500.00	500.00
Transfer to Reserve	3,500.00	3,500.00	3,500.00	3,500.00
Insurance renewal	80.00	71.00	80.00	80.00
Membership Fees	125.00	116.08	125.00	125.00
Depreciation - Office Furniture	—	—	—	—
	<u>\$76,020.00</u>	<u>\$68,818.02</u>	<u>\$84,361.52</u>	<u>\$87,311.52</u>
Deficit	2,630.00		6,604.02	8,614.52
Cash on Hand and in Bank (31 December, 1953)		16,841.27		
	<u>\$73,390.00</u>	<u>\$85,659.29</u>	<u>\$77,757.54</u>	<u>\$78,697.00</u>

COMMENT AND ACTION

We want to bring to the attention of the Board of Governors the giant work accomplished by the Finance Committee, composed of one man, Dr. Stan Phillips. One "mention honorable" should be presented to him.

1. & 2. Explanatory and factual.

Observation: We are assured that the activities of the Association and expenses involved are justified.

FINANCE

3., 4. & 5. We approve and we concur in the observations made by the Chairman of the Finance Committee.

6., 7. & 8. Informative.

9., 10. & 11. We concur in the sentiments expressed and we feel that regressive action cannot be tolerated by the Association.

12. & 13. Informative.

14. & 15., A. & B. We appreciate and concur in the explanations given on the present financial situation and feel that this section should be re-read attentively by all.

15. C. 1 to 11. inclusive. (Needs of the Association) Noted.

Comment: We agree that our Association has a multitude of needs, the present implementation of which is impossible in view of our financial position. We therefore recommend that the Executive take under advisement these needs in their entirety, and give them further study.

16. (1.) Agreed and we recommend that the firm Thorne, Mulholland, Howson and McPherson be appointed auditors of the Association for the year 1955.

(2.) Agreed.

This report, having intelligently directed our attention into the future, has convinced us that increased corporate member grants, when possible, would be most desirable.

Appendix C. Budget approved with indicated amendments.

We recommend the adoption of the Report of the Finance Committee.

APPROVED

MEMBERS OF COMMITTEE ON PUBLICATIONS: Frank Martin, Chairman, Toronto, Ont.; Armand Fortier, Montreal, P.Q.; A. R. Poag, Hamilton, Ont.; M. G. Boyes, Toronto, Ont.; J. D. Purves, Toronto, Ont.; J. E. Tilson, Toronto, Ont.

REPORT

The Committee on Publications wishes to report to the Board of Governors as follows:

1. An interim report from this committee was published in the January 1954 issue of the Journal.

In that report we indicated proposed changes in the Journal format and we are sure you have noted those changes, also we hope that you concur with them. The experience of the past year as to the choice of Editor, by last year's committee, has been most favourable. The fullest co-operation and harmony has existed between the Editor and your committee. We have worked together to produce a Journal of which we hope you approve. We wish to take this opportunity to say to Editor Wesley Dunn, 'thanks for a job well done'.

2. The reports of the work of the Editors of the French Section reaching the committee are of the usual high standard and we thank them for their continued co-operation and good work. The perennial request from Editor Gerard de Montigny for additional space was so delightfully made in his report of last year that this committee could not turn him down again and we are pleased to report that an additional two pages have been added to the French Section. We regret that an increase in honourarium does not accompany the two pages.

We take this opportunity to thank the provincial editors for their continued interest and cooperation. A feature of the Journal is the news from the provinces, may we therefore solicit continuous support from provincial editors. The Editor reports that there are some districts he would like to hear from more often. It is therefore regrettable that no record of the activities of dentistsry in some of the provinces is reported and therefore no written record is available.

3. Last year the Board of Governors saw fit to appoint the members of this committee from the Toronto area. This is a great help to insure a good attendance at committee meetings and is especially desirable when cases of emergency arise. We are glad to report that no such cases occurred this year. The committee feels that such good work was done by last year's committee that we have very few items requiring emergent attention.

4. Report on directive from Board of Governors re limiting advertising to products, etc., approved by the Therapeutic Council of the American Dental Association. This subject has received serious discussion at every meeting of the committee but due to many changes, increased costs of publication and falling off of advertising, it was decided that it would be improvident to take

PUBLICATIONS

action at the moment. This request will be kept before the committee for further study. The committee feels that the Journal is going to cost the Association considerable as it is. This will be noted when the budget is presented.

Policy re Advertising (Excerpt from Minutes—24 March 1954).

5. "Statement was made that before any estimate of loss of advertising could be given it would be necessary to establish some idea of a proposed policy. A rough estimate of loss was given if the advertising standards of the American Dental Association were adopted. It was agreed that such action would mean a severe financial loss.

6. The existing policy was stated to be: that all advertisements must be in keeping with the professional nature of the Journal; that new contracts be considered carefully before acceptance and that efforts be made to check the wording.

7. One matter was pointed out that in many cases the advertising plates are made up outside Canada for use in several publications. This fact accounts for occasional wording not always applicable to Canada. After due consideration, the feeling was expressed that unless the Association was willing to underwrite the additional loss, it would not be possible to establish a more exacting policy re advertising under present conditions."

8. On request from the Chairman of the Finance Committee, an estimate was submitted on desirable improvements to the Journal. This question will no doubt be studied under his Committee.

9. The Auditor's Statement for 1953 appears as Appendix A and the budget for 1955 is presented as Appendix B.

Appendix A

January 21, 1954.

Dr. G. Ratte, President,
CANADIAN DENTAL ASSOCIATION,
Toronto, Ontario.

Dear Sir:

We have audited the accounts of the COMMITTEE ON PUBLICATIONS OF THE CANADIAN DENTAL ASSOCIATION for the year ended December 31, 1953, and submit herewith the following statements:

Certified Balance Sheet	Page 2
Statement of Revenue and Expenditure	Page 3

In connection with the audit of the former editor's office expenses, there was submitted to us a certified statement of his disbursements for the period January 1, 1953 to the date of his retirement totalling \$868.02, which amount is included in the accompanying statements.

Respectfully submitted,

THORNE, MULHOLLAND, HOWSON & McPHERSON,
Chartered Accountants

PUBLICATIONS

Canadian Dental Association
COMMITTEE ON PUBLICATIONS
BALANCE SHEET
December 31, 1953

Assets

Current assets:	
Cash on hand and in bank	\$4,522.68
Capital assets:	
Office furniture and fixtures	\$1,247.02
Less accumulated allowance for depreciation	468.97
	<u>778.05</u>
	<u>\$5,300.73</u>

Liabilities

Surplus:	
Surplus, December 31, 1952	\$5,201.48
Surplus for year 1953	99.25
	<u>\$5,300.73</u>

AUDITORS' REPORT

We have audited the accounts of the Committee on Publications of the Canadian Dental Association for the year ended December 31, 1953, and report that, in our opinion, the above balance sheet and related statement of revenue and expenditure fairly present the financial position of the Committee as at December 31, 1953, and its financial transactions for the year then ended, according to the best of our information and the explanations given us, and as shown by the books.

THORNE, MUHOLLAND, HOWSON & McPHERSON,
Chartered Accountants

Canadian Dental Association
COMMITTEE ON PUBLICATIONS
STATEMENT OF REVENUE AND EXPENDITURE
Year ended December 31, 1953

Revenue

Advertising	\$ 40,891.41
Canadian Dental Association grant	13,500.00
Subscriptions	473.08
Donations	45.45
	<u>\$ 54,909.94</u>

PUBLICATIONS

Expenditure

Honoraria to editors	\$ 3,000.00
Expense allowance	2,786.50
Editor's office expenses	852.05
Committee meeting expenses	17.80
Publishing The Journal	33,007.18
Commission, Consolidated Press, Limited	7,149.75
Agency commission	5,142.44
Cuts and postage	2,365.29
Depreciation on office furniture and fixtures	104.15
Office and general expense	385.53
	\$ 54,810.69
Surplus for year	99.25
	\$ 54,909.94

COMMITTEE ON PUBLICATIONS
BUDGET
1955

	1953 Budget	1953 Actual	1954 Budget	1955 Budget
Revenue				
Advertising	\$40,000.00	\$40,891.41	\$42,000.00	\$40,000.00
C.D.A. Grants	13,500.00	13,500.00	14,500.00	14,500.00
Subscriptions	400.00	473.08	500.00	450.00
Donations		45.45		
Totals	\$53,900.00	\$54,909.94	\$57,000.00	\$54,950.00
Disbursements				
Salaries	\$ 3,300.00	\$ 3,000.00	\$ 4,200.00	\$ 3,650.00
Expense Allowance	3,000.00	2,786.50	2,455.00	2,800.00
Editor's Office Expense	1,750.00	852.05	500.00	
Committee Expenses	250.00	17.80	100.00	150.00
Publishing	31,600.00	33,007.18	35,000.00	33,250.00
Commission:				
Consolidated Press	7,200.00	7,149.75	7,000.00	7,200.00
Agencies	4,850.00	5,142.44	5,250.00	5,150.00
Cuts and Postage	1,750.00	2,365.29	2,300.00	2,400.00
Office & General Expense.....	50.00	385.53	150.00	250.00
Totals	\$53,850.00	\$54,706.54	\$56,955.00	\$54,850.00
Surplus	50.00	203.40	45.00	100.00

COMMENT AND ACTION

1. We concur in the changes in Journal format and appreciate the considerable amount of work which has been done by the Committee on Publications and the excellent contribution made by the Editor.

It is likewise appreciated that the proximity of the Committee and the Editor has worked to the advantage of the Journal.

2. Approved.

3. With these thoughts in mind we respectfully submit the following resolution:

Resolution: Whereas it has been agreed that the activities of the associate editors in respect to the provision of news of their respective provinces and the encouragement of scientific contributions from their provinces, are essential for the continuing development of the Journal, and

Whereas it has been difficult, in some instances, to obtain the cooperation necessary for the adequate fulfilment of the duties which pertain to the position of associate editor, therefore be it

Resolved that the representative of each Corporate Member be charged with the responsibility that this essential function is performed.

4. Information noted.

5. - 8. The information given is approved and we express confidence that the Committee on Publications will keep these matters under serious consideration.

9. Noted with interest.

Budget for 1955 as presented in Appendix B discussed and approved.

We recommend the adoption of the Report of the Committee on Publications.

APPROVED

REPORT OF THE EDITOR—WESLEY J. DUNN

1. The Editor wishes to express his appreciation to all who have contributed to the pages of the Journal during the past year. The production of a publication such as the Journal of the Canadian Dental Association requires contributory interest on as broad a basis as possible if the periodical is to fulfill its purpose as a national journal. The continuing interest and support of the members of the Board of Governors, the chairmen of committees, and the associate editors, are earnestly solicited.

2. A special word of appreciation must be directed to the Editor of the French section who has exhibited cooperation in the greatest measure with our efforts to develop topographical uniformity between the English and French sections. The chairman and members of the Committee on Publications have also demonstrated sympathetic understanding and cooperation and our thanks are extended to them.

PUBLICATIONS

3. With the January 1954 issue came many changes in the format and content of the Journal. Most Canadian dentists are reticent about commenting upon such alterations and it is a personal hope that from this meeting will come thoughts and ideas to help direct the future developments of the Journal. Any publication, if it is to remain successful, must be a growing one—it must be willing to adapt or change as times and conditions alter. It must be desirous of providing leadership even if, at times, many within the Association may be at variance with the opinions expressed. The task of developing thoughts and ideas and provoking discussion is one of the major responsibilities of a professional publication. The Editor hopes that the Journal will measure up to that responsibility.

4. (a) Commencing with the cover design, certain changes in the Journal are now apparent. The cover has been designed to be attractive yet remain in keeping with the professional and scientific nature of the publication. The contents on the cover permit greater facility in turning to the desired article or section, permit the marking of special papers for easier future reference, and, incidentally, save one page for other editorial matter. The design of the cover has been repeated on the masthead page, the lead English editorial page, and its French counterpart. This gives the impression to the reader of greater uniformity throughout the editorial pages.

(b) One page has been utilized for the masthead of the Journal as well as a directory of the Association. The inclusion of the directory should permit direct communication to the individual or individuals concerned with Board or Committee activities.

(c) The lead editorial page has been redesigned in several ways. The page heading has been changed, the title of the article uses a new handset type which is set flush left to give a more modern appearance. The author's name follows the same pattern. The width of each column has been increased by about $\frac{1}{8}$ " and the length of the column decreased by about $\frac{1}{4}$ ". This eliminates the previous long narrow appearance of the Journal pages.

(d) The headings of the sections Abstracts, Research and Editorial have been changed to conform with each other, again to create a more uniform appearance. Much use is made of short scientific fillers to help produce more reader interest.

(e) The headings of the sections following the editorial have been altered in form and type, again with the object of developing greater uniformity.

(f) Several new departments have been added to the editorial content—Research, The Library, Committees and Councils, and Economic Security. As well, a chronological announcement page has been developed to simplify reference to future events of dental interest. The two new departments of Committee and Council Reports, and Economic Security are being well received and are adding immeasurably to the value of the Journal. Sincere appreciation is extended to the chairmen of committees, and to Mr. E. L. R. Williamson, administrator of the C.D.A. plan for their excellent contributions.

5. Since the last meeting of the Board, Dr. H. Everett Leyland has accepted an associate editorship for the province of Ontario. Dr. Leyland has been most efficient and conscientious in the performance of the responsibilities which pertain to that position.

1. Agreed.

COMMENT AND ACTION

2. Concurred.

3. Concurred.

4. We commend the Editor in his effort to progress and suggest that the Board of Governors take note of the several changes.

5. Noted.

We recommend the adoption of the Report of the Editor.

APPROVED

REPORT OF THE FRENCH EDITOR—GERARD DE MONTIGNY

The Editor of the French Section of the Journal is pleased to present the following report:

1. During the past year, an unusual number of manuscripts have been submitted for publication in the Journal; and, due to the lack of space in the section, the publication of a certain number of articles had to be postponed.

2. (a) As usual, a glance through the French-written dental journals of the world has shown that the French Section of our Journal is mentioned often with the highest appreciation; some of our articles are reproduced in extenso; others are commended or abstracted.

(b) These facts are stated in this report to show that the French dental literature of Canada has gained its proper place in the international publication field.

3. (a) It is with the greatest pleasure that it was learned that the Committee on Publications has allowed the French Section to use two additional pages, starting with the October issue. Some six years ago, the French Section had only ten pages; from October on, it will dispose of sixteen pages.

(b) It is proposed to use some of these two additional pages, each month, to publish Editorials and to report the activities of the Committees of the C.D.A.

4. Mr. Chairman, in closing, I wish to report to you that the French Section of the Journal is in good health; it is growing normally, sometimes with pains—which is also normal—and it is looking forward to its adult stage where it will be of greater service to Canadian dentistry and to humanity at large.

1. Regretted.

COMMENT AND ACTION

2. (a) Noted with interest.

(b) Commend the French Editor in the high quality of his Section.

3. Commended.

4. Agreed.

We recommend the adoption of the Report of the French Editor.

APPROVED

MEMBERS OF LEGISLATION COMMITTEE: J. Coupland, Chairman, Ottawa, Ont.; L. E. MacLachlan, Ottawa, Ont.; A. A. Cameron, Ottawa, Ont.

REPORT

The first session of the Twenty-second Parliament has been prorogued without any legislation directly related to Dentistry being enacted or discussed.

One June 7th, when a bill to amend the income tax was debated in the House of Commons, it was proposed that self-employed individuals, which would include members of the dental profession, be allowed to deduct from taxable income any payments made to an authorized pension plan. The Minister of Finance, the Honourable Douglas Abbott assured the House that this suggestion had been given, and that it would continue to receive sympathetic consideration, but that the Government was not prepared to allow such relief at the present time. Undoubtedly, representations will be made again before the next session for reconsideration of this important question.

The following information was obtained from reports of the Provincial Registrars:

1. Newfoundland

(a) The situation regarding the licensing of practitioners of dentistry in our newest province continues to be unsettled. Legislation comparable to that which exists in the other nine provinces has not been enacted.

(b) There have been encouraging indications that the Provincial Government has begun to appreciate the importance of permitting only properly qualified persons to practise dentistry and it is hoped that an act acceptable to the dental profession may be introduced in the not distant future.

2. Nova Scotia

(a) The Dental act of this province was amended to recognize the certificate of the National Dental Examining Board of Canada.

(b) No other changes in the Dental Act were made.

3. New Brunswick

This province reports no new legislation this year.

4. Prince Edward Island

This province reports no new legislation this year.

5. Quebec

This province reports no new legislation this year.

6. Ontario

This province reports no new legislation this year.

7. Manitoba

During the recently concluded session of the legislature, two measures were sponsored by the Manitoba Dental Association. One was a Technician's Act similar to that in force in Quebec and Ontario. The second measure was an amendment to the Dental Act which contained the prescription clause

which is in force in Quebec and Ontario. These measures were strongly opposed by some of the technicians and both bills were defeated by a close vote. It is contemplated that these changes in dental legislation will be introduced again at the next session.

8. Saskatchewan

(a) The Dental Act of this province was amended to recognize the certificate of the National Dental Examining Board of Canada.

(b) No other changes in the Dental Act were made.

9. Alberta

This province reports no new legislation this year.

10. British Columbia

(a) Unlike the previous year, no changes in the Dental Act were proposed during the current session of the Legislature. It is felt that a resurgence of the threat of the dental technicians, mentioned in the 1953 report of the Chairman of the Committee on Legislation, may be expected at the next session.

(b) Establishment of a Dental Faculty in the University of British Columbia continues to enjoy general support, but the considerable sum of money necessary was not included in the estimates at the last session of the legislature.

Your Chairman wishes to acknowledge the co-operation given by the Provincial Registrars in providing the information contained in this report.

COMMENT AND ACTION

Para. 1. Noted.

Para 2. We urge the Executive to continue in their efforts to secure amendment to the Income Tax Act to allow deduction from taxable income on payments made to an authorized pension plan.

1. (a) & (b). We have reason to believe that progress regarding licensing of all practitioners of dentistry is encouraging.

2. - 6. Noted.

7. We believe that it is not our prerogative to attempt to advise or interfere in any way with the dental legislation of this Province.

However, we express regret that the Manitoba Dental Board has not been successful in securing the amendments mentioned to the Dentistry Act, but hasten to assure them of every possible assistance which is requested from the C.D.A. in their endeavours, as we believe these amendments to be in the best interests of the public.

8. - 9. Noted.

10. (a) We express the willingness of the C.D.A. to again give assistance when asked for.

(b) Noted. (We believe further reference to this paragraph will be following in the Council on Dental Education report.)

We recommend the adoption of the Report of the Committee on Legislation.

APPROVED

MEMBERS OF COUNCIL ON DENTAL EDUCATION: Roy G. Ellis, Chairman, Toronto, Ont.; H. W. Reid, Toronto, Ont.; A. L. Walsh, Montreal, P.Q.; Armand Fortier, Montreal, P.Q.; Wm. Miller, Vancouver, B.C.; D. Prescott Mowry, Montreal, P.Q.

REPORT

1. The annual meeting of the Council on Dental Education, usually held in January, was delayed in order to provide time for the Survey Committee to prepare and submit a composite report on the dental schools. When the Council met on June 21st and 22nd, all members were present. The President of the Association, Dr. A. J. Coughlan, regretted that he could not be present, but we were honored by President-elect, Dr. P. G. Anderson, who brought greetings from the Association. Dr. Prescott Mowry was welcomed as a new member of the council. Dean A. C. Lewis, Chairman of the Survey Team, was also present. The five Canadian dental schools were represented by the Deans. The Secretary of the Council on Dental Education of the American Dental Association, Dr. Shailer Peterson, was present by invitation. Recently, the chairman of your Council attended a similar meeting of the Council of the American Dental Association in Chicago. This very desirable interchange of visits between the respective councils will facilitate the exchange of ideas on educational matters of mutual interest.

2. At the commencement of the meeting the Council reviewed briefly the resolutions adopted at its previous meeting. Particular reference was made to items referred to the Council as recorded in the 1953 Transactions of the Canadian Dental Association. It was noted that the President in his address stated "A system to attract the good potential student should be studied by our Council on Dental Education". The Secretary made reference in his report to the need for "increased teaching facilities". These subjects will be referred to elsewhere in this report.

Report of Survey Committee

3. A brief review of the establishment of and terms of reference for the Survey Committee is of interest.

4. In June 1948, the Council adopted a statement of "Minimum requirements for the approval of a dental school". This published statement indicated that "with the lapse of sufficient time following the publication and circularizing of this statement, it is the purpose of the Council to have its representatives, upon invitation, visit the dental schools for the purpose of appraising them in relationship to the criteria contained herein".

5. In January 1950, a three man Survey Committee was appointed, with Dean A. C. Lewis, Ontario College of Education, as Chairman.

6. In January 1951, the Council adopted the following resolution: "That the Survey Team appointed at the last meeting be granted full authority to

carry out the survey of the Dental Schools on a confidential basis, without making a report to this Council until such time as deemed advisable."

7. The same year, (1951) the Committee visited the five dental schools and issued confidential reports to the President of the University concerned, providing also a copy of the report for the Dean. Recommendations were included in each report. Two years were allowed for the dental schools, aided by the Universities concerned, to implement these recommendations, if possible.

8. The Survey Committee revisited the five schools during the academic session which has just been concluded. Again, confidential reports were submitted to the President and Dean.

9. The Survey Committee presented its first official report to the Council after four years of study at the meeting on June 21st and 22nd last. A copy of this report appears in Appendix A. The Council recommends approval of this report and further, as a guide to the Board of Governors, that it be made available to the Presidents of the Canadian Universities in which there is a dental school; to the corporate members; and to the Council on Dental Education of the American Dental Association.

10. It will be noted that the chief recommendation in the report is that action on the accreditation of the schools be delayed for a period of two years.

11. The Council on Dental Education also wishes to record its deep gratitude for the efficient services of the Committee and especially of the Chairman, Dean A. C. Lewis.

Extension of Teaching Facilities

12. Recognition of the need for a larger annual dental graduating class in Canada has been stated by the Canadian Dental Association on numerous occasions.

13. Greatly increased teaching facilities are needed to provide adequate training for more dentists. A Committee of the Council has been studying this matter and will continue its deliberations.

14. The Committee, under the guidance of Dr. Wm. Miller of Vancouver, presented a report recently to the Council summarizing the results of a Conference held in Saskatoon in September, 1953, at which time the supply of dentists for Western Canada was discussed. This conference was attended by the Presidents of the four Western Universities, representatives of the dental associations, dental legal bodies and public health officials of the provinces concerned.

15. The following resolutions were unanimously adopted at this Conference.

- (a) "That if possible the teaching facilities in all dental schools in Canada be expanded to accommodate additional students from the Western Provinces and that in this connection the possibilities of

DENTAL EDUCATION

expanding the facilities of the University of Alberta to accommodate fifty students be fully explored.

- (b) That a Faculty of Dentistry be established as soon as possible at the University of British Columbia to accommodate classes annually of approximately forty students.
- (c) That a Faculty of Dentistry be established at the University of Manitoba as soon as possible to provide accommodation annually for a class of at least thirty students.
- (d) That courses in dental hygiene should be established at all Canadian dental schools and that in particular the University of Alberta be requested to establish such course as soon as possible”.

16. The Committee noted with more than passing interest that discussions have been initiated in both Ontario and Nova Scotia with a view to increasing the output of graduates in both these provinces. In Ontario, the sum of one million dollars has been allocated by the Provincial Government for the expansion of the University of Toronto's dental school.

Teacher Training

17. At any meeting of people interested in dental education, it is a safe prediction that sometime during the deliberations or somewhere on the agenda, the question of teacher training will be introduced. It is generally accepted that the professional schools, particularly Medicine and Dentistry, have a peculiar problem with respect to recruitment of teachers. The need of co-ordination of clinical experience, skill and adequate knowledge of the professional subjects (and their basic biological sciences) complicates the preparation for dental teachers.

18. Elsewhere, a few dental schools are now offering among their post-graduate and graduate programs, conferences for dental teachers in an attempt to meet the needs in this field.

19. Your Council on Dental Education draws attention to the reference to this subject in the report of the Survey Committee (Appendix A) and presents the following resolution:

“Whereas the Survey report has drawn attention to the need for a program of teacher training, and

Whereas this Council fully agrees with this recommendation,

Be it resolved that this Council recommends to the Board of Governors that an approach be made to the Kellogg Foundation to explore the possibility of their providing financial assistance to hold a conference in 1955 on Teaching and Teaching Methods.”

Anesthesiology

20. This subject, which has been before the Council for the past two years, was reintroduced with the presentation to the Council of a memorandum

from the Committee on Anaesthesiology of the American Society of Oral Surgeons.

21. After considerable discussion respecting the teaching in this field, both in the undergraduate and graduate curricula, the Council resolved to set up a Committee to study all aspects of the teaching of Anaesthesiology to undergraduate, postgraduate and graduate students. While the Chairman of the Council was authorized to name the Committee, he has extended an invitation to the Canadian Society of Oral Surgeons to nominate the membership of such a Committee.

22. In view of the importance of this subject, it is the opinion of the Chairman of the Council that after the Committee has completed a preliminary study of this field, it should be brought together for full discussion and finalization of any recommendations to be submitted.

D.M.D.S.A.B.

23. The Defence Medical and Dental Services Advisory Board invited representation on the Board from the Council on Dental Education. The Chairman was appointed.

Admission of Foreign Graduates

24. Verbal reports were given by the Deans respecting the present status and experience of the various schools in the admission of foreign graduates. During session 1953-54, approximately thirty foreign graduates were registered and proceeding to the D.D.S. degree in the five Canadian schools.

25. After reviewing the "Classification of Foreign Dental Schools" issued by the Council in January, 1950, a resolution was adopted as follows:

"That the classification of Dental Schools be approved as of this date and that the statement be prefaced by stating that these are minimum requirements".

Fellowship in Dental Surgery —

Royal College of Surgeons of England

26. A resolution adopted by the Council on Dental Education at its 1953 meeting was referred back to the Council by the Reference Committee of the annual meeting last year for further information. The resolution read as follows:

"That this Council approves and recommends to the Board of Governors that Corporate Members be asked to accept for examinations without further attendance at a dental school those dental graduates who possess the Bachelor of Dental Surgery degree from the University plus Fellowship in Dental Surgery of the Royal College of Surgeons of England, being considered as at least equivalent to Canadian graduate standards".

27. The Chairman of the Council presented information relating to the requirements to be fulfilled by those admitted to the Fellowship in Dental Surgery which information appears in Appendix B.

DENTAL EDUCATION

28. The Council adopted the following resolution:

"That the resolution from this Council (see paragraph 26 above) appearing in the 1953 Transactions of the Canadian Dental Association, page 90, paragraph 47, be again presented to the Board of Governors and that the information presented by the Chairman be made available to the Board of Governors."

Hygienists

29. Reports from the Deans of the Canadian Schools would indicate that no new courses are contemplated for commencement in the fall of 1954. One or two schools are hopeful that a course will be authorized in the not too distant future.

30. A list of twenty-four schools of Dental Hygiene in the United States approved by the Council on Dental Education of the American Dental Association and the one Canadian course in Dental Hygiene (Toronto) was presented for consideration, see Appendix C. The Council submits the list as the approved list of courses in Dental Hygiene.

31. The syllabus for the training of dental hygienists under the authority of the British Ministry of Health was considered by the Council. While considerable detail was provided in this syllabus in the form of a synopsis of each course, and while the Chairman provided a brief summary of a comparative study of this outline and the Toronto syllabus, the Council recommends that further delay is advisable before recognition is given Dental Hygienists from Great Britain. A committee was appointed to study the question of the education of Dental Hygienists.

List of Approved Dental Schools

32. The Council's first list of approved dental schools was issued in June, 1948. This fact does not appear to be well known. The 1954 list is now available. It included for the first time two or three schools in the United States now fully approved by the Council of the American Dental Association.

Dentistry as a Career

33. President Ratte in his address one year ago commented that the Council on Dental Education should study ways and means of attracting good students into dentistry. The Council reviewed its brochure entitled "Dentistry as a Career" and appointed a Committee to make any necessary revision deemed advisable. Furthermore, to expedite the printing of the new brochure the Secretary was authorized to accept the revised copy from the Committee and proceed. Dr. Peterson commented that their Council distributes fifty to sixty thousand copies annually of a similar brochure to appropriate schools and colleges with good results.

34. The Council wishes to draw to the attention of the Corporate Members of the Board of Governors, the desirability of the dental legal bodies in Canada

joining in a general plan of recruitment of students. It was felt that perhaps the time had arrived when the licensing boards could make an important contribution in attracting worthwhile candidates to dentistry.

Admission of Students

35. The meeting in June provided an unusually good opportunity for the Deans to air their views on this "bete noire" of Deans. Little progress was made except that it was agreed that further study was desirable, in the hope that clarification might follow respecting recognition of courses given in the various universities providing predental training for prospective dental students.

36. A Committee was appointed and requested to report at the next meeting of the Council.

American Association of Dental Schools

37. The Council decided to tender a cordial invitation to the American Association of Dental Schools to hold its annual meeting in Canada sometime in the near future.

National Dental Examining Board

38. The National Board met in Ottawa two weeks after the meeting of the Council on Dental Education. The two representatives from the Council, namely, Dr. A. Fortier and the chairman, were present. The results of the first examination were reviewed and approved. Sixty-two of the eighty candidates writing were successful and recommended for the N.D.E.B. certificate.

39. It is too early to comment on the degree of uniformity of teaching in the schools as evidenced by the national examinations.

Dental Research

40. The Chairman of the Association's Research Committee, Dr. J. B. Macdonald, was invited to the meeting of the council to discuss research with particular reference to its integration in the overall program of a dental school. A survey of the physical facilities, manpower, and financial resources which are available for research in the dental schools is being conducted. It is the aim of both the Council and the Research Committee to integrate certain aspects of their programs more effectively.

41. The Survey Committee gave cognisance to research in the dental school.

Dental Students' Register

42. Once again this interesting document was distributed early in the year through the Governor's Letter.

Conclusion

43. The members of the Council on Dental Education are impressed with the responsibility which rests upon them. With the continuing confidence of this Board and the encouragement of the members of the Association, the Council pledges itself to deliberate purposefully and resolve the problems before it judiciously.

Appendix A

DENTAL EDUCATION

THE REPORT OF A FOUR-YEAR STUDY BY THE SURVEY COMMITTEE OF THE COUNCIL ON DENTAL EDUCATION OF THE CANADIAN DENTAL ASSOCIATION

1954

Chapter I—Planning the Survey

The Survey Committee of the Council on Dental Education was set up in 1950 to visit the five dental schools of Canada to assist them, where possible, in advancing the programme of dental education by consultation with the staff of the schools and by evaluating the work being done.

The committee consisted of:

A. C. Lewis, Toronto, Ontario,

H. W. Reid, Toronto, Ontario,

A. L. Walsh, Montreal, Quebec.

The last two are members of the Council on Dental Education and the first is Dean of the Ontario College of Education, University of Toronto.

From the outset, the committee members were conscious of the heavy responsibility placed upon their shoulders and of their lack of the experience to undertake such an important task. Their first problem was to educate themselves in the techniques of examining a dental school. To this end the secretary of the Canadian Dental Association was most helpful. The Council on Dental Education in Canada had in 1948 published a pamphlet entitled, "Requirements for the Approval of a Dental School", which was exceedingly helpful to the members of the committee, especially to the non-dental member. It was well known too that a survey had been made by the American Dental Association of the dental schools of the United States and the results of the survey were made available to the Committee. Furthermore, the fullest co-operation of the Council on Dental Education of the American Dental Association was generously offered and gratefully accepted. The members of the committee visited the American Council in Chicago and were greatly encouraged by the helpful suggestions and advice received. The pattern of the American survey was largely adopted by the committee, and forms which were used in the United States were adapted for use in Canada. The experience gained by the American Council enabled the committee to avoid some of the mistakes which might otherwise have been made. In order to make doubly certain that the committee was equipped for its task the American Council was asked to make arrangements, if possible, for the members of the committee to visit the University of Michigan Dental School at Ann Arbor. This school was selected not only because of its reputation as one of the leading dental

schools of the United States, but also because it was within easy reach of the committee. The Dean of the school made every possible arrangement to make the visit profitable and enjoyable. The Secretary of the Canadian Council made available to the committee literature of American surveys and studies, of which four had been made. The first was by W. J. Gies which was financed by the Carnegie Foundation and was reported in 1926 under the title of *Dental Education in the United States and Canada*. It was soon apparent in the United States that there was a great variety of courses in the dental schools, and a curriculum survey was undertaken, again financed by the Carnegie Foundation, and the results were published in 1935 under the title of *A Course of Study in Dentistry*. This study set the 2-4 pattern of dental education which prevails today. The second report of the curriculum study, *Teaching in Colleges and Universities* with emphasis on dentistry, was published in 1945 and it dealt more with teaching than with courses of study. Another study, *Dental Education in the United States* by O'Rourke and Miner, was published in 1941 which emphasized raising the level of dental education in keeping with the advanced knowledge which was available. The fourth study already referred to was made by the Council on Dental Education of the American Dental Association and the report of the findings published in 1947 as *Dental Education Today* by Harlan H. Horner. This is recognized by the dental profession as a standard book of reference. But the American Dental Association, not content to rest its case on past accomplishments, has now proposed another and much more comprehensive survey than any yet undertaken which is to continue for two years. The scope of the survey may be found in a *Prospectus for a Survey of Dentistry in the United States* recently released by the American Dental Association.

With the background of knowledge contained in the reports of former studies and the experience gained in Chicago and Ann Arbor, the committee set out in 1950 to perform its task of appraising and improving, if and when possible, dental education in Canada.

With the cooperation of the universities concerned, the committee visited all five schools during the session 1950-51 and made a confidential report to each of the universities. The chairman of the committee made a second visit to each of the schools in the following session with the object of helping with problems suggested in the reports. During the session 1952-53 the committee was available for consultation upon request, and during the current session 1953-54 the committee revisited the schools and again made a report to the head of the university and to the dean of the school. The members of the committee are happy to report that they received whole-hearted cooperation of all concerned and feel that with the joint efforts of staffs and committee there has resulted an intensive search for better ways of advancing the cause of dental education. The members of the committee will always carry with them happy recollections of their visits to the schools.

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Chapter II—Students

The Canadian Dental Association through its Council on Dental Education established the academic *standards of admission* to the schools as follows:

“All students admitted to an approved dental school shall have possessed certification, previous to admission, of having successfully completed at least two academic years of Arts and Science in a recognized university provided that the subjects of English, French, Mathematics, Chemistry, Physics and Biology have been included. The course in chemistry shall have included Organic Chemistry. The two pre-professional years shall be accepted as equivalent standing to other courses in Arts and Science in a recognized university. All courses in Science shall include both lectures and laboratory instruction”.

The committee examined in each of the schools the application of these admission standards. It is of interest to record here how, in general, each school admits students.

Alberta—An applicant is required to have completed the minimum academic standards but some take a degree in Arts or Science before applying for admission to dentistry as they may do in any of the five schools. Applicants from the province of Alberta complete the first pre-dental year in a secondary school and the second in the university. The reason for this is that an applicant for admission to the University must present senior Matriculation standing or its equivalent.

Dalhousie—In Nova Scotia an applicant may complete the first pre-professional year in a secondary school but most of the applicants take both pre-dental years at the university.

McGill—The candidate usually takes both pre-professional years in the university, but occasionally the first year is taken in a secondary school.

Montreal—All candidates must secure the B.A. degree before admission to the four year dental course. The degree is obtained in one of the many classical colleges affiliated with the University of Montreal. These colleges are established in various localities about the province and offer secondary as well as university education. The courses are largely classical and philosophical, but in recent years some of the colleges have introduced excellent courses in physics, chemistry and biology to the point where their graduates may enter the professional courses in the University of Montreal without further training in the required sciences. Those who do not have sufficient science in their undergraduate arts courses must spend a year in the science department of the University of Montreal or elsewhere, to acquire the necessary standing in physics, chemistry and biology—commonly referred to in the University of Montreal as “PCB”. The Dean of dentistry for several years has refused to admit candidates to dentistry who, on examination, were found wanting in the sciences. The result has been that the enrolment in the first year was cut from a possible 60 to about 20. This

policy has borne fruit, and in the first dental year in 1953-54 the enrolment is more than 40. The number will steadily climb until a full quota is admitted. The French population is becoming more and more aware of the fact that if the field of science is to be open to them they must introduce more science teaching in the classical colleges.

Toronto—Candidates are admitted to the University of Toronto much as they are in Alberta. They must have completed the equivalent of senior matriculation; hence the first pre-professional year is taken in the secondary school. The second is taken in the first year of the Arts course, but all students in the second pre-professional year are registered as dental students, even though they receive instruction from the Faculty of Arts. This is the only dental school on the continent that enrolls the student in his pre-dental year in the Faculty of Dentistry. Some vacancies are left in the pre-professional year so that candidates may enter the first dental year from other universities.

It is evident from this description that the schools approach the problem of admissions in a different manner but all insist on demanding the minimum academic requirements. Many candidates, however, possess academic qualifications considerably beyond those required.

Recruitment of candidates for dentistry has been no problem to date because there have been more than enough applicants and it has been possible to select the best of those who apply. There seems to be general agreement, however, that the number of applicants has been falling off. This is a condition that has occurred in the United States as well. Some have said that students fail to apply because the dental course is too long, too difficult, and too costly and that the applicant must stand near the top of his class to be admitted. This is really not the answer. The real trouble lies in the fact that the birth rate in Canada was low some 20 years ago and that there are not as many young people of university age now as there were a few years ago or as there will be in another 6 or 7 years. A glance at Table 1* will reveal statistically the effect of varying birthrate in Ontario. Similar tables can be prepared for any province or for Canada as a whole. In column 4 will be seen the increase or decrease in the number of people of any given age for the ten-year period 1941-51. If the average age of the student applying for admission to a university is 19, it will be seen that in 1951 there were 4260 fewer than in 1941. Those 17 years of age will have reached university in 1953 and the number is 4434 fewer in 1951 than in 1941. Next fall, the 16 year olds of Table 1 will knock at the university doors and there are 6151 fewer than ten years earlier. There will not be a substantial increase in university enrolments, unless generous scholarships and bursaries bring an increased percentage to the university, until the 9 year old group of 1951 is ready for the university in 1961 at 19 years of age.

*See Appendix, page 77

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Figures for all Canada in Table II** show the total age group in the second column decreasing from age 24 to 17 and then there is a slight increase for a few years which becomes much more rapid from 12 to 0 years. The footnote on page 78 shows a very rapid increase in birth rate in 1952 and again in 1953. When the eleven year group of 1951 reach university entrance age there should be a substantial increase in university enrolment across Canada, which will rise rapidly. By 1964 there should be about 60,000 more young people of university entrance age in Canada than in 1953.

The enrolment in the dental schools of Canada has been static for some years except for the post-war D.V.A. bulge which ended in 1951. The 1953-54 enrolments are as follows:

Dental Year	Alberta	Dalhousie	McGill	Montreal	Toronto	Totals
I	30	12	32	42	77	193
II	27	12	37	17	79	172
III	29	12	36	19	72	168
IV	30	14	37	20	70	171
Totals	116	50	142	98	298	704

Note: Three Europeans bring the total for Alberta to 119.

The University of Montreal can accommodate 60 students a year, but as previously explained, the low enrolment is due to the raising of standards of admission in the sciences. The population of Canada is growing very rapidly as shown in Table II and the shortage of dentists is becoming acute. It is therefore imperative that if dental health of the people is to be raised to a reasonable level the facilities for dental education must be greatly expanded. It is not within the scope of this survey to give the distribution of dentists across Canada or to show where large sections of the population are receiving little if any dental service. The committee is well aware that the Canadian Dental Association has up-to-date information of this kind and is fully cognizant of the urgent need for more dentists.

Chapter III—The Curriculum

This composite report of the survey of the five dental schools, Alberta, Dalhousie, McGill, Montreal, Toronto—will refer in more general terms to the programme of the schools rather than to a detailed analysis of the courses of study of each school, as was done in the individual reports forwarded to the schools.

Dentistry has been practised for centuries, but formal dental education is comparatively new; and as noted in the first chapter, the dental profession is by no means satisfied with the present day programme. Dental education had its beginning in the apprentice system of training in the Middle Ages. There was no dental school before 1840. The first ever to be established was

**See Appendix, page 77

the Baltimore College of Dental Surgery, which in 1923 became part of the dental school of the University of Maryland. Harvard University was the first to establish a university dental school (1867), and the University of Michigan was the first State University to establish a school (1875). In Ontario, the first school was established in 1875 by the Royal College of Dental Surgeons of Ontario. In 1888 the school was affiliated with the University of Toronto and in 1925 became the Faculty of Dentistry in the University. Great strides have been made during the brief history of dental schools, but the purpose of this report is not to outline the growth of dental education in Canada, but rather to give a picture of dental education today and to point the way to further progress. It may be stated here that all five dental schools in Canada are integral parts of their universities as Faculties of Dentistry.

The professional *curriculum* of the dental schools covers four academic years and consists of about 1000 hours per year. The Canadian Council on Dental Education suggests from 3800 to 4200 hours for the entire course. There is a tendency to exceed the time rather than to keep within the bracket suggested. One of the schools takes almost exactly 4000 hours. The general pattern of dental education consists of a combination of didactic, laboratory and clinical instruction. The subjects to be found in the schools are almost identical with varying emphasis on certain aspects of the courses but with a reasonably uniform allocation of time devoted to the different subjects of the curriculum. The time-table is crowded and there is a tendency to add to the courses. This trend may eventually add another year to the dental course.

The list of subjects proposed by the Council on Dental Education as a minimum requirement follow:

Anatomy	Embryology	Hygiene	Materia
Anaesthesiology	Histology	Medicine—General	Medica
Bacteriology	Endodontia	& Oral	Physiology
Biochemistry	Ethics	Operative Dentistry	Public Health
Dental Anatomy	Jurisprudence	Orthodontics	Prosthodontia
Dental Materials	Practice	Pathology	Roentgenology
Pedodontia	Management	Periodontia	Surgery—
Diagnosis	History of Dentistry	Pharmacology	General & Oral

These subjects are offered with varying emphasis in all the schools. No rigid pattern is expected or desired. Each school is free to place emphasis where it seems necessary in order to meet the aims and objectives of the school. The work in the clinics where the student renders service to patients under expert supervision in the final year prepares the graduate to meet the demands of a dental practice.

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The basic sciences are taught in all five schools by the same staff that teaches the medical students. Often the dental and medical students receive instruction together. In some cases this is not possible because the classes would be too large, and in other cases it is felt that a more specialized course for dental or medical students necessitated separate instruction. There was little, if any, evidence that dental students were neglected; on the other hand there appeared to be the utmost cooperation between the dental and medical faculties. The basic sciences are well taught but there is insufficient integration and coordination between instruction in the sciences and instruction in the clinic. This defect is well known to the dental faculties but they find it extremely difficult to secure dental graduates who are willing to take post-graduate training in the basic sciences for the purpose of assisting with instruction in the basic sciences. There are, however, some excellent examples of integration where a suitable instructor has been secured. Every dental school must continue its efforts to integrate basic sciences with clinical instruction if the prevention of dental disease is to take its rightful place in dental education. This is the next regular step in dental education.

The committee found considerable variation in the attention paid to prevention. This was brought to the notice of the school with a strong recommendation, where necessary, to organize the staff in such a manner as to emphasize preventive measures. This area should be placed under the supervision and direction of one man or of a small committee. Curative procedures must not be allowed to crowd out attention to positive dental health. There appears to be a need for some research to determine more specifically and clearly the aspects of prevention which might be included in the curriculum.

Dr. Brekhus in *"Your Teeth—Their Past, Present and Probable Future"* says "Modern dentistry has three main branches—corrective, reparative and preventive". All three branches are important and have their followers. Schools place different emphasis on these branches. The training of dentists is for the good of the public and it is a difficult problem to determine where to place the stress. Prevention seems of utmost importance, but the dentist must be trained to repair when prevention becomes impossible. The committee can do no more than point up the urgency to keep abreast of the knowledge of oral ills and methods of combatting them. To do this with a wholly inadequate supply of dentists is a disheartening task, but one of the first steps would seem to be a concentration on the broad field of public health by organizing within the school a highly coordinated programme of prevention.

It was felt that in some of the schools insufficient attention was given to orthodontics. Dental opinion is divided in this field. There are those who think that the general practitioner should not attempt difficult cases of malocclusion, on the assumption that graduates who desire to treat difficult cases will pursue further study through graduate or post-graduate courses. The committee is of the opinion that preventive and interceptive orthodontics should comprise a substantial part of the undergraduate course in orthodontics,

so that the general practitioner will be able to recognize early and to treat these incipient conditions. The committee is glad to report that during the four-year survey, considerable progress has been made in the undergraduate training to enable the general practitioner to halt incipient cases of malocclusion.

One from the field of general education is struck by the high percentage of time devoted to technical and clinical instruction, especially the former. The large amount of time spent in learning basic techniques in the laboratory seems dull and uninteresting, but probably wholly necessary. It is not the intention of the committee to suggest lowering the standards of clinical performance, but the whole laboratory procedure should be carefully studied with a view to reducing the amount of time devoted to techniques. The practice of placing the instruction of basic techniques under one head has had the effect of reducing the time devoted to this subject, of standardizing the techniques, and of making instruction more effective.

A large part of the report submitted to the head of each university pertained to instruction in individual subjects. Recommendations were made for the improvement of instruction in some subjects, and the schools generally have attempted to carry out the recommendations. The committee has been greatly encouraged in its work by the whole-hearted response of faculties to suggestions offered. The committee did not find much variation in subjects, or time devoted to them. The time-tables have a tendency to be overcrowded and it would be advisable for each school to study its programme with a view to giving the students a little more free time. Every staff member should examine his teaching procedures with a view to conserving time. Courses of study were much better prepared during the second survey than during the first, but some outlines are still sketchy. If an instructor feels that he has not sufficient time to present his subject adequately he can often find more by studying his own methods of teaching.

Chapter IV—Hospital Relationship

Although this chapter is separated from the curriculum it is really a part of it because dental teaching will never be satisfactory if it is not in some way connected with a hospital. One of the Federal Government's conditions for a grant towards a new dental school is that it shall be in close proximity to a hospital. It is the responsibility of the head of the school to make the relationship with the hospital of utmost importance to clinical instruction.

"The hospital relationship at its best" says Harlan Horner in *Dental Education Today*, "would be an indispensable aid to teaching. At the other end of the scale, a mere observation from a gallery of an occasional operation in oral surgery or an undirected stroll through hospital corridors is of little moment."

Hospitals are within easy access of all five dental schools and where extensions or new buildings are in course of construction or are about to be built the

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best hospital relationship is contemplated. This will necessitate the closest possible cooperation between the medical and dental faculties, and hospital management. During the four-year survey there was some evidence of lack of cooperation. On the other hand, there seemed to be the keenest desire on the part of the dental faculties to make the most of prevailing facilities and accommodation.

Chapter V—The Faculties

	Alberta	Dalhousie	McGill	Montreal	Toronto	Total
Full Time	3	2	3	8	16	32
Part Time	22	28	67	61	79	257
Total	25	30	70	69	95	289
Undergraduate Students*	119	50	142	98	298	704

*See page 66

There is wide variation in the ratio of students to staff largely because of the number of hours an instructor gives to the school. No attempt has been made to work out the full-time equivalent of part-time teachers. There is need in three of the schools for more full-time staff if auxiliary services such as graduate, postgraduate and refresher courses are established, and training of dental hygienists, nurses and technicians is undertaken. Two of the schools are approaching a good balance between full-time and part-time teachers.

Some of the staff carry too heavy a load. The long hours of the average clinical teacher leave him little time or energy for relaxation or for scholarly pursuits. A comparison of his load with that of the average faculty member in some other parts of the university would reveal the need for increased dental staffs in most of the schools.

There is a need for teacher training. An expert knowledge of dentistry schools should be constantly on the alert for financial aid to subsidize a staff members have taken graduate training in other schools and have been assisted financially so to do. This practice must be continued, and in some schools accelerated, if the school is to reach a high level of dental education. There is not necessarily high correlation between the size of a school and the excellence of its training. Each individual teacher helps to set the level of instruction and it therefore behooves every school to make provision for the greatest possible training for its staff. Foundations have assisted generously in providing grants and fellowships for further study and it is hoped they will continue to do so. Universities are notoriously short of funds and the heads of dental is not a guarantee that the staff member will be a good teacher. Many staff member who seeks further training.

A word might be said about promotion. Professorial rank should be reached only after long and arduous work in the field of teaching. It should carry with it high qualifications and proven ability as a teacher. Moreover,

it should not be lightly conferred where the time devoted by the skilled practitioner to dental education is a small fraction of the day's work. Full professorship is a high distinction "not attained by sudden flight".

Chapter VI—Further and Other Dental Education

It is imperative that every dental school provide the best undergraduate course within its power, and should not lose sight of this responsibility in its attempts to reach out into graduate and postgraduate fields. Three of the schools will not be equipped to enter these fields to any extent until they have increased their full-time staff appointees. Enrolment in graduate courses leading to higher degrees is small and will be so for many years. The same can be said for postgraduate enrolment of practitioners who undertake courses leading after one year or more of study to certification as specialists. Refresher courses, however, are different and can be undertaken by any school, be it ever so small, where there is a determination to bring short courses of even a few days' duration or in evening clinics to the staff and to practitioners in the area. There is on every staff more than one member who can offer such refresher courses.

The training of dental hygienists is new in this country and has been introduced through the generosity of one of the foundations. The training of dental nurses is of longer standing. Both of these activities help to provide better dental service to the public and are well worth more serious consideration than they are apparently getting.

The field of research is just beginning to be explored except in certain well-known isolated cases. Research suffers not so much from the size of the school as from the lack of advanced training of the staff. A staff with a good core of full-time personnel and with a background of graduate and postgraduate training will want to carry on research for the sheer desire to push back the frontiers of knowledge. An enthusiastic research student will find equipment to work with or make it. Dentistry in Canada is beginning to see the importance of research, but it has a long distance to go before it approaches the efforts of medicine where huge sums of money are spent annually in medical research. The missionary spirit of a few blazing enthusiasts can do much to promote dental research. Lloyd E. Blauch, Office of Education, Washington, D.C., has made the following comments* about research, with which your survey committee is heartily in accord:

"One of the most difficult problems is the lack of extensive, sustained, broad dental research programs in many dental schools. A considerable amount of research is being done by dental teachers, but frequently under frustrating conditions. Inadequate physical facilities, poor financial support, and heavy teaching assignments which consume the time and energy of teachers are handicaps to research".

* Higher Education, March 1954.

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CHAPTER VII—THE SCHOOLS

This chapter will contain certain information about each of the five schools, but will not attempt to present a detailed account such as that which was sent to the head of the University and to the dean of the school.

The survey committee is gratified with the serious and effective efforts made by the staffs of all the schools to improve the programme of dental education. During the quadrennium of the survey the staffs and committee worked together in a common cause and substantial improvements have been achieved. Progress would have been made had there been no survey, but the very existence of the committee unconsciously made staff members more aware of the service they were rendering. During the survey in the current session, the deans of the schools presented most complete and on the whole detailed outlines of their courses of study. Any university contemplating the establishment of a dental school could obtain valuable information from the offices of the Canadian Dental Association through these outlines. The schools are conscious of their shortcomings and are finding ways of improving themselves. The challenge of the future to all the schools lies in the inescapable responsibility of carrying to human kind the fruits of the art and of the sciences already possessed by the dental profession. The blessings of good dental health for all mankind is the ultimate objective of dental education.

The Dental Faculties receive the same financial support within the university as any other faculty. Student fees, although substantial, pay only a small part of the cost of dental education. In no sense can the clinics be said to provide more than enough income to replace materials used.

Alberta

The University of Alberta Dental School is located in the medical building, which is an excellent permanent structure located in the heart of the university campus, but even so, the accommodations for dentistry are crowded. Efforts made to increase the facilities have borne some fruit, and it can be said that undergraduate dental education has sufficient space for an effective programme but not for higher enrolment. The clinic is excellent and well equipped but could be improved by alteration to permit better supervision.

The new university library which has recently been occupied is superb and has a generous area for the dental and medical library. There is no lack of reference works and periodicals, and trained graduate librarians are in charge.

The Alberta School is the only one in Western Canada and does not begin to meet the needs of the people. An average graduating class of thirty is not nearly enough and there seems little immediate prospect of establishing a school in one of the other Western Canadian universities. If Alberta is to double its enrolment—a modest need for Western Canada—the accommodation and equipment must be expanded. The Province of Alberta cannot be expected

to make the expenditure alone because the dental needs of Alberta are being more adequately met than in the other prairie provinces and British Columbia. The Federal Government and neighbouring provinces might well give consideration to financial problems involved in the expansion of dental education.

The core of full-time staff in the school is small, and it cannot be expected that much attention will be given to dental education beyond the undergraduate course until more help is made available. Consideration is currently being given to the establishment of a course for dental hygienists, but the committee is not aware that any definite decision has been made.

Dalhousie

The dental school of Dalhousie University in Halifax is the only school in Eastern Canada and, with its average graduation class of twelve, it falls short of supplying the dental needs of the maritime provinces and Newfoundland. Dalhousie University is fully aware of dental health conditions throughout the area and is presently engaged in efforts to remedy the situation. Preliminary plans for a new dental school are complete and provision is being made to enrol at least twice as many students. A study of the building plans indicate that although the school will not be large, it will be up-to-date in every respect. It is expected that some financial aid outside Dalhousie will be made available. Some assistance is given by other provinces served by the school.

More full-time staff should eventually be obtained and provision should be made to assist those who already desire to take graduate and postgraduate courses. It has been impossible in such a small school to do more than provide the undergraduate course but, as expansion takes place, more consideration can be given to the provision of refresher and other courses.

The present dean is giving up his post this year after a long and creditable career in dental education at Dalhousie. The profession owes him a deep debt of gratitude for his devoted service. A young man is already appointed to succeed Dean Bagnall and he has had the very great advantage of working with the Dean during the present year. He has done much of the groundwork for the plans for expansion.

The library accommodation is superior and the service excellent. Books and periodicals are in good supply and excellent use seems to be made of the library by all concerned.

McGill

The dental school of McGill University graduates about thirty-five dentists a year and sees no urgent need to increase that number because the French speaking population is served by the University of Montreal. The survey committee believes that an attempt should be made to increase the enrolment, because all schools are under obligation to make some effort to increase dental service in those parts of Canada not now adequately served.

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A spacious modern dental clinic attached to the new Montreal General Hospital is nearing completion and will be in operation next session. No pains have been spared to make this one of the most modern clinics to be found anywhere. Dental education at McGill will break new ground in the modern surroundings which are so vastly superior to their present inadequate clinical facilities.

The full-time section of the staff should be increased if the school is to be able to provide better service in the field of refresher, graduate and post-graduate study. Consideration should also be given to the training of dental nurses and hygienists when it is possible to obtain the necessary staff. Some of the staff desire to improve their qualifications through further study and should be encouraged through financial assistance to do so. Where is the school—dental, medical, or any other kind—that could not profit by raising the qualifications of its staff to the highest level?

The library is excellent and convenient, and is well stocked and used.

Montreal

The University of Montreal Dental School serves the French speaking population and is presently going through a period of raising the qualifications for admission to dental study. This has already been referred to in an earlier section.* The result of this programme was to drastically reduce the enrolment. However, the first year class is substantially higher this year** and it is expected that the normal yearly enrolment of sixty will soon be reached.

The dental school occupies a generous section of the comparatively new University of Montreal structure. The accommodation is excellent but much of the equipment is outmoded. Plans are being made to install modern equipment at an early date.

The Dean has been able to secure financial aid from time to time to give further training to members of his staff. Considerable success has attended his efforts to provide refresher and post-graduate courses, and progress is being made in the field of research.

The library is commodious and books and periodicals are in good supply. One difficulty arises in not being able to secure enough books on dentistry in the French language, but the students and staff find little difficulty in using the English texts.

Toronto

The University of Toronto Dental School is located in a building which has outlived its period of usefulness, and yet in an outmoded structure an effort is made not only to provide the undergraduate program but also to offer the auxiliary services mentioned elsewhere in this report.***

*See page 64

**See page 65

***See page 71

At the present time there is an average graduating class of seventy-two for a population in Ontario of about 4.5 million. The Provincial Government has already voted a million dollars to expand dental education at Toronto and has further offered to match any contribution to the cause that the Federal Government might care to make. Plans for a new building are well advanced and provision is being made to increase the enrolment.

The full-time section of the staff has been substantially increased so that a good balance now exists between full-time and part-time appointees.

With the increased full-time staff the school has been able to undertake a broad programme of research. To this end the University provided additional accommodation and equipment, and the undergraduates and graduates have established a research fund of some \$300,000. This fact is worthy of mention because it provides ample evidence that the profession is conscious of the need for research.

A programme of graduate, postgraduate and refresher courses is in operation. The training of dental nurses was undertaken some years ago and now, since 1952, a two-year course for dental hygienists is being offered. Although this class is small a good beginning has been made.

The library offers excellent service even though in cramped and unsuitable quarters in the dental building.

Chapter VIII—Recommendations

The earlier chapters have not attempted specifically to evaluate the individual schools but to provide some general information for the guidance of any school. The main and inescapable function of a dental school is to produce graduates capable of offering satisfactory dental service to the public. This is done through the undergraduate course.

No attempt has been made to determine the number of students per full-time equivalent staff member in each school, to assess the nature and amount of graduate and postgraduate training per staff member, or to make any other specific measurement that might be used as a criterion to rate the work of the schools. The committee feels that it has served its purpose if it has assisted the schools to raise their standards and if it can say at the conclusion of the survey whether or not a school is approved as measured by the effectiveness of its undergraduate course. The auxiliary services are an important part of the complete dental programme but they do not enter into the "Requirements for the Approval of a Dental School". This well known pamphlet of the Council on Dental Education states that "the Council will be primarily concerned with the following matters in assessing values of a dental school":

Admission of Students
Course of Instruction

Staff Faculty
University Relationship

DENTAL EDUCATION

Subjects of Study
Hospital Relationship
Relationship between Faculties
of Dentistry and Medicine

Financial Administration
Building and Equipment
Library Facilities

The committee has examined these schools and reports that in all these departments the requirements have been reasonably well met. Throughout this report reference is made to various matters that require attention and these are brought forward to the end of this chapter in summary form.

Although every school is graduating reasonably well-trained dentists, it is the opinion of the committee that approval of the schools should be deferred for approximately two years until the major changes proposed have been accomplished and until recommendations to individual schools have been substantially carried out.

SUMMARY OF RECOMMENDATIONS

1. Enrolment in dental schools must be increased. p. 65 and 66.
2. Integration between basic sciences and clinical instruction leaves much to be desired. p. 68.
3. Concentrated attention should be given to the organization and study of preventive dentistry in the undergraduate programme. p. 68.
4. There should be more emphasis on undergraduate training in orthodontics. p. 68.
5. With better organization and training, the large amount of time devoted to laboratory and clinical techniques can be materially reduced. p. 69.
6. A good instructor must be able to teach. Knowledge of the subject matter must be accompanied by ability to impart knowledge. A programme of teacher training is therefore imperative. p. 69, 70.
7. Hospital relationship can and should be improved. p. 69.
8. Some of the schools have not yet found it possible to go beyond the four-year undergraduate course. Any school, large or small, can and should attempt some auxiliary services. p. 71.
9. Approval of the schools is to be deferred two years. p. 76.

Respectfully submitted,

A. C. Lewis, B. Ped.

H. W. Reid, D.D.S.

A. L. Walsh, D.D.S.

Appendix

DENTAL EDUCATION

TABLE I:
ONTARIO: CHANGES IN AGE DISTRIBUTION, 1941 to 1951,
BY SINGLE YEARS OF AGE, 5-29, INCLUSIVE

Age	Population		Actual Increase or Decrease	Percentage Increase or Decrease
	1941	1951		
5	59,109	84,097	24,988	42.27
6	59,321	81,665	22,344	37.67
7	58,417	79,527	21,110	36.14
8	62,122	79,721	17,599	28.33
9	62,546	74,282	11,736	18.76
10	65,964	69,183	3,219	4.88
11	63,913	66,396	2,483	3.88
12	65,214	64,282	932	1.43
13	65,036	63,013	2,023	3.11
14	64,677	62,426	2,251	3.48
15	65,022	62,116	2,906	4.47
16	68,225	62,074	6,151	9.02
17	67,009	62,575	4,434	6.62
18	69,366	63,686	5,680	8.19
19	69,494	65,234	4,260	6.13
20	69,263	66,869	2,394	3.46
21	70,181	68,528	1,653	2.35
22	60,652	70,351	9,699	15.99
23	61,275	72,329	11,054	18.04
24	62,618	74,283	11,665	18.63
25	63,375	76,201	12,826	20.24
26	65,109	78,269	13,160	20.21
27	63,975	79,081	15,106	23.61
28	63,519	77,993	14,474	22.79
29	59,728	75,695	15,967	26.73
Total	1,605,130	1,779,876	174,746	10.89
Total				
Population	3,787,655	4,597,542	809,887	21.38

TABLE II:
POPULATION STATISTICS FOR CANADA FOR 1951

Age	Total	Male	Female
0	368,509	187,966	180,543
1	357,213	182,288	174,925
2	345,060	176,156	168,904
3	332,269	169,681	162,588
4	319,058	162,972	156,086
Total: 0-4:	1,722,109	879,063	843,046

DENTAL EDUCATION

5	305,649	156,143	149,506
6	292,259	149,303	142,956
7	279,107	142,563	136,544
8	266,413	136,035	130,378
9	254,397	129,829	124,568
Total: 5-9:	1,397,825	713,873	683,952
10	242,913	123,871	119,042
11	231,815	118,082	113,733
12	223,145	113,510	109,635
13	217,851	110,639	107,212
14	215,059	109,020	106,039
Total: 10-14:	1,130,783	575,122	555,661
15	212,800	107,656	105,144
16	211,292	106,673	104,619
17	210,761	106,108	104,653
18	211,065	105,857	105,208
19	212,054	105,886	106,168
Total: 15-19:	1,057,972	532,180	525,792
20	213,493	106,165	107,328
21	215,155	106,575	108,580
22	217,304	107,254	110,050
23	219,960	108,230	111,730
24	222,729	109,311	113,418
Total: 20-24:	1,088,641	537,535	551,106

Note: Live Births 1952—395,000; 1953—415,000.

Appendix B

The Fellowship in Dental Surgery
Royal College of Surgeons of England

Regulations

Candidates for the diploma are required to pass two examinations, namely, the Primary Examination and the Final Examination.

(a) Primary Examination:

The subjects of the examination are

- (i) Applied Anatomy, including the anatomy and histology of the teeth and jaws.
- (ii) Applied Physiology and the Principles of Pathology, with special reference to the teeth and jaws.

The examination is partly written and partly oral.

(b) Final Examination:

The subjects of the examination are

- (i) Surgery
- (ii) Oral Pathology and Bacteriology
- (iii) Dental Surgery

The examination in Surgery is partly oral and partly clinical.

The examination in Oral Pathology and Bacteriology and in Dental Surgery is partly written, partly oral and partly clinical, and includes the examination of patients and operative dental surgery.

Scope of the Examinations

The following information is for the guidance of candidates and indicates only the general scope of the examinations. No detailed syllabus is issued.

(a) Primary Examination:

- (i) **Anatomy:** The development and topographical anatomy of the head and neck, with special reference to application to dental practice. The topographical anatomy of the thorax and abdomen sufficient for the understanding of physiological processes and disease.

The evolution, development, macroscopic and microscopic structure of the dental tissues. Comparative anatomy illustrative of the evolution of the dentition and adaptation to function.

In the following subjects, attention will be directed to principles, especially to those which have application in the field of dental surgery. A detailed knowledge of experimental and histological technique will not be required.

- (ii) **Physiology:** The principles of human physiology, with special reference to development, calcification, growth, metabolism and nutrition. Function, growth and retrogressive changes in the teeth and jaws. Influence of heredity, endocrine system, diet and metabolism on the teeth and jaws. Salivary glands and saliva. Mastication, deglutition, taste, phonation and articulation.
- (iii) **Pathology:** The principles of pathology and bacteriology, including inflammation, fever, immunity, infection, repair, disturbances in metabolism, growth and body fluids, local and somatic death, diseases due to bacterial infection, viruses and neoplasia.

(b) Final Examination:

- (i) **Surgery:** Surgical principles and practice. Systemic disease with oral manifestations. The regional surgery of the face, lips, tongue, salivary glands, skull and jaws.
- (ii) **Dental Surgery and Pathology:** Candidates may be examined in any branch of dental surgery and pathology, including operative dental surgery, dental materia medica, and in bacteriology and radiology in relation to dental surgery.

This information is copied from the July 1st, 1947, announcement of the Royal College of Surgeons of England.

15 July 54

APPROVED SCHOOLS OF DENTAL HYGIENE

School

Administrative Officers

CANADA

Course in Dental Hygiene,
Faculty of Dentistry
University of Toronto,
Toronto, Ont.

Dr. R. G. Ellis, Dean
Miss Andrée Hébert, Supervisor

UNITED STATES

Alabama

Department of Dental Hygiene
School of Dentistry
University of Alabama
University Medical Center,
Birmingham 5, Alabama

Dr. Joseph F. Volker, Dean
Dr. Marjorie Houston, Director

California

Division of Dental Hygiene
College of Dentistry
The University of California
University Medical Center,
San Francisco 22, California
Department of Dental Hygiene
School of Dentistry
University of Southern California
925 West Thirty-fourth Street
Los Angeles 7, California

Dr. Willard C. Fleming, Dean
Jacqueline Huot, Chairman

Dr. Robert W. McNulty, Dean
Cora Ueland, Director

Connecticut

Fones School of Dental Hygiene
University of Bridgeport
400 Park Place
Bridgeport 4, Connecticut

Dr. Robert H. W. Strang, Director

District of Columbia

Department of Oral Hygiene
College of Dentistry
Howard University
500 W Street, N.W.
Washington 1, D.C.

Dr. Russell A. Dixon, Dean
Alicia M. Howard, Director

Illinois

Courses for Dental Hygienists
The Dental School
Northwestern University
311 East Chicago Avenue
Chicago 11, Illinois

Dr. George W. Teuscher, Dean
Evelyn Maas, Supervisor

Indiana

Curriculum for Dental Hygienists
School of Dentistry
Indiana University
1121 West Michigan Street
Indianapolis, Indiana

Dr. Maynard K. Hine, Dean
A. Rebekah Fisk, Director

Massachusetts

Forsyth School for Dental
Hygienists
Forsyth Dental Infirmary
140 The Fenway
Boston, Massachusetts

Louise W. Hord, Director

Michigan

Department of Oral Hygiene
School of Dentistry
University of Detroit
630 East Jefferson Avenue
Detroit 26, Michigan
Curriculum in Dental Hygiene
School of Dentistry
University of Michigan
Ann Arbor, Michigan

Dr. Rene Rochon, Dean and
Director

Dr. Paul H. Jeserich, Dean
Dr. Dorothy G. Hard, Director

Minnesota

Course for Dental Hygienists
School of Dentistry
University of Minnesota
Minneapolis 14, Minnesota

Dr. William H. Crawford, Dean
Ione Jackson, Director

Missouri

Courses for Dental Hygienists
School of Dentistry
University of Kansas City
1108 East Tenth Street
Kansas City 6, Missouri

Dr. Roy J. Rinehart, Dean
M. Lorene Nelson, Director

New Jersey

School of Dental Hygiene
Fairleigh Dickinson College
Rutherford, New Jersey

Dr. Walter H. Mosmann, Director

New York

Courses for Dental Hygienists
School of Dental and Oral Surgery
Columbia University
630 West 168th Street
New York 32, New York

Dr. Maurice J. Hickey, Associate
Dean of the Faculty of Medicine
Dr Frances A. Stoll, Director

DENTAL EDUCATION

Department of Dental Hygiene
New York City Community College
of Applied Arts and Sciences
300 Pearl Street
Brooklyn 1, New York
Dental Hygiene Department
Long Island Agricultural and
Technical Institute
Farmingdale, New York

Dr. Mabel Gross, Department Head

Dr. Josephine E. Luhan, Head

Ohio

School of Dental Hygiene
College of Dentistry
The Ohio State University
Columbus 10, Ohio

Dr. Wendell D. Postle, Dean
Dr. Consuelo Wise, Director

Oregon

Department of Dental Hygiene
The Dental School
University of Oregon
809 N.E. Sixth Avenue
Portland, Oregon

Dr. Harold J. Noyes, Dean
Evelyn R. Hannon, Department
Head

Pennsylvania

School of Oral Hygiene
Temple University
3223 North Broad Street
Philadelphia 40, Pennsylvania
School of Oral Hygiene
University of Pennsylvania
4001 Spruce Street,
Philadelphia 4, Pennsylvania

Dr. Gerald D. Timmons, Dean
and Director

Dr. Lester W. Burket, Dean
Dr. Harrison M. Berry, Jr., Director

Vermont

School of Dental Hygiene
University of Vermont
590 Main Street
Burlington, Vermont

Dr. Wadi I. Sawabini, Director

Washington

Department of Dental Hygiene
School of Dentistry
University of Washington
Seattle, Washington

Dr. Ernest M. Jones, Dean
Dr. Esther M. Wilkins, Director

West Virginia

Department of Dental Hygiene
West Liberty State College
West Liberty, West Virginia

Roxie M. Stitzer, Director

Wisconsin

Department of Dental Hygiene
The Dental School
Marquette University
604 North Sixteenth Street
Milwaukee, Wisconsin

Dr. O. M. Dresen, Dean
Elizabeth M. Linn, Director

June 1954

COMMENT AND RECOMMENDATIONS

1. It is interesting to note the wide representation present at the meeting of the Council on Dental Education, including the Secretary of the Council on Dental Education of the American Dental Association, Dr. Shailer Peterson. The cooperation of the American Dental Association is much appreciated.
2. - 4. Noted.
- 5., 6., 7. & 8. These sections constitute a brief historical review of the survey project, particularly recommended for information purposes to new members of the Board.
9. Recommendation:—That the progress report of the Survey Team be commended and approved, further that the basic distribution as suggested be approved.
10. We approve the recommendation that action on the accreditation of dental schools be delayed for a period of two years.
11. Recommendation:—That the Board of Governors send a letter to each member of the Survey Team thanking them for their outstanding services and contribution to the advancement of dental education.
- 12., 13., 14., 15. & 16. It was agreed that the need for increased dental teaching facilities and personnel is great, as further indicated by these clauses and it is recommended that the Board reaffirm its stand on this matter as stated in the resolution of last year, Proceedings 1953, p. 19:—

“Whereas a definite shortage of dental personnel exists in Canada and
Whereas the present teaching facilities in Canada are inadequate to graduate adequate personnel to meet the need of the public for dental services and

Whereas the responsibility for the provision of increased teaching facilities in dentistry rests upon university and government authorities, therefore be it

Resolved that this Association use all available means to further the securing of expansion of teaching facilities for the training of dentists

DENTAL EDUCATION

and dental hygienists in order to provide adequate dental service to meet the need of the people.”

We feel that this should again be publicized and with this be coupled the need for added personnel in national (or federal) services. We are informed this is urgent and vitally important.

17. & 18. Noted with interest.

19. Recommendation:—That the Board adopt the resolution as stated.

20. - 24. Concur.

25. It is recommended that the action of the Council in this respect be approved.

26., 27. & 28. These sections came in for very lengthy, broad, and informative discussion, with the result that the following motion was passed:

“That we approve the principle of accepting for examination properly qualified graduates from universities outside this continent and recommend that the Council on Dental Education re-examine this question with a view to providing a list of all Universities whose dental graduates should be acceptable.”

It is recommended that this course of action be approved.

29. No comment.

30. Approved and commend the Council for preparing this list.

31. We support the Council in this action.

32. - 37. Commend.

38. Note with gratification the progress being made by the National Dental Examining Board.

39. - 41. Noted.

42. This record is extremely useful.

43. It is our opinion that the Council on Dental Education should receive the warm thanks and appreciation of this Board for their conscientious efforts and valuable contribution to the advancement of dental education.

It is recommended that the Report of the Council on Dental Education be approved.

APPROVED

RESOLUTION

RE EXPANSION OF TEACHING FACILITIES
FOR TRAINING OF DENTISTS & DENTAL HYGIENISTS

"Whereas an acute shortage of dental personnel exists in Canada, and,

Whereas the teaching facilities in Canada have not been expanded for many years and are inadequate to graduate sufficient personnel to meet the increasing need of the public for dental services, and,

Whereas, we believe that there is an urgent and immediate need for more dental personnel in established government services, and,

Whereas no increase in the number of graduates could be anticipated from enlarged teaching facilities for a period of five years, and,

Whereas the responsibility for the provision of increased facilities rests upon governmental and university authorities,

Be it resolved that this Association use all available means to further the securing of expansion of teaching facilities for the training of dentists and dental hygienists in order to meet this growing need."

4th September 1954

St. Andrews-by-the-Sea, N.B.

APPROVED

MEMBERS OF BY-LAWS COMMITTEE: J. Stanley Bagnall, Chairman, Halifax, N.S.; G. L. Cameron, Ottawa, Ont.; S. A. Moore, London, Ont.; G. M. Dewis, Halifax, N.S.

REPORT

Your committee wishes to report that the following resolution was received from the Executive Committee:

1. "Whereas a real need has become apparent for study of the economics of dental practice, and
2. "Whereas in our opinion this work should be delegated to a committee, and
3. "Whereas the Health Insurance Studies Committee is best suited for the task involved.
4. "Be it resolved that the terms of reference for the Health Insurance Studies Committee be revised by the addition of the following statement to read as Item 4.
5. "To obtain and study information relating to the economics of dental practice for use in future health plans and for the guidance of members of the profession."
6. Your By-laws Committee is in agreement with the need for such a statement and is only concerned with its insertion in the Terms of Reference of Committees. The suggestion given by the Executive Committee to place it as clause 4 under the "Health Insurance Studies" Committee is logical at this time.
7. Your Committee wishes to draw attention to the fact that in recent years there has been a movement to increase the number of committees which have a rotating membership. It seems probable that there are reasons why some committees should be on such a basis, whereas with others there may be reasons why it is not advisable to attempt to set up a rotating membership. It is the opinion of our Committee that this point should be raised at this time, so that instructions may be issued at this meeting.

APPROVED

MEMBERS OF DENTAL PUBLIC HEALTH COMMITTEE: Arthur Poyntz, Chairman, Victoria, B.C.; Alex Gunning, Victoria, B.C.; J. A. Chambers, New Westminster, B.C.; J. C. Foote, Victoria, B.C.; W. A. MacDonald, Victoria, B.C.

REPORT

Your Committee begs to submit the following report covering its activities for 1953-1954.

1. We are very pleased to report that the pamphlet "How to Brush Your Teeth," prepared by Dr. Glen Mitton and Miss Andrea Hebert, has been published. It has received a very enthusiastic reception. There has been a greater demand for this pamphlet by the profession at large than any previous pamphlet published by the Canadian Dental Association.

2. The pamphlet, "Facts" on fluoridation prepared by Dr. F. McCombie was also published. It has supplied a long wanted need for a treatise on fluoridation for lay consumption. This pamphlet also has been in demand, over 20,000 copies being sold just as soon as they came off the press.

3. Letters were sent to all the provinces requesting them to take advantage of National Health Week and try to arrange a suitable program in each province.

4. Most of the provinces took some part in Health Week, but special mention should be made of Alberta's effort; they ran a very successful Health Week. The Alberta Dental Association bought a considerable number of pamphlets and secured literature from other sources for distribution. They organized addresses to service clubs and other organizations during this week. They obtained cooperation from practically every agency in the province and they believe it helped to better public relations between the public and the profession.

5. (a) At one of the early meetings of the Committee, it was decided to write to the Canadian Broadcasting Corporation to see if it would be possible to get a Coast to Coast broadcast over the network during National Health Week. Before writing this letter, Dr. Grose, Chairman of the Public Relations Committee, was contacted for his reactions on the idea, as we did not wish to conflict in any way with his Committee's work. In reply, we received a very enthusiastic letter from him, complimenting our Committee on the idea, and he assured us of his approval and support.

(b) Unfortunately, we received a letter in reply to ours, from Mr. W. John Dunlop, Supervisor of Institutional Programs for the C.B.C., stating that although they considered the idea a splendid one, they were sorry they would be unable to oblige us this year.

6. From the number of different articles and write-ups we receive from the Clipping Service, it proves that dental health is getting quite a bit of publicity

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throughout the country, and bringing to the public's attention the importance of dental health.

7. Through the good offices of our Secretary, Dr. Don W. Gullett, the members of our Committee are now receiving the Monthly Newsletter of the Council on Dental Health of the American Dental Association. This has proved a very interesting and informative publication.

8. (a) Dr. Gullett sent to our Committee a series of thirty articles on dental health which he had received from the American Dental Association, with their permission to change these articles in any way we saw fit for our use. These articles were prepared for the American Dental Association by a newspaper writer whom they had employed for this purpose, and are suitable for newspaper releases, radio addresses, etc.

(b) These articles were submitted to our Committee for review and any revision we thought appropriate. We reviewed them thoroughly and made a few changes we thought necessary so they would be more appropriate for Canadian distribution.

(c) This was a fine gesture on the part of the American Dental Association and tends to show the fine spirit of cooperation existing between their Association and our own.

9. An informal, but interesting and instructive meeting was held with Dr. H. K. Brown, Dental Consultant, Dental Health Division, Department of National Health and Welfare, on his recent visit to Victoria.

10. Each province has a Dental Health Program, varying in the different provinces but increasing in its scope yearly. For further information of this program, turn to Appendix A.

11. At the meeting of the Board of Governors of the Canadian Dental Association held in Montreal last year, this Committee received the following directive: "That we suggest to the Committee that they give thought for this coming year that their efforts be directed to one definite project." Two meetings were held during the Conference, with those men particularly interested in dental health attending. At these discussions two ideas were suggested for this year's program; either of which they thought would be suitable:

(a) A Survey of the different dental health programs now in progress in the different provinces, with the object of finding out one or two points of interest in the different programs which might be suitable for adoption by all the provinces.

(b) A survey of the dental health taught in the schools.

(c) At our first meeting held last fall it was planned to conduct a survey of dental health taught in the schools of each province.

12. The following questionnaire was sent to each province:

- (a) What dental education is now being taught in the schools of your Province?
- (b) What grades are receiving this teaching?
- (c) Who is teaching it?
- (d) What text books are being used?
- (e) Are Normal Schools teaching students dental health and how much are they being taught?
- (f) Would it be possible to procure a copy of the curriculum or relevant parts of it being used in your province and the titles of the books or other material being used to teach dental health?

13. (a) The response from all the provinces on the questionnaire submitted was excellent and your Committee would like to take this opportunity of expressing their appreciation for the splendid cooperation they received.

(b) This survey will be found in Appendix B.

14. From the results of the survey it would appear on the surface that the children in all provinces are receiving a good education in dental health. Such, however, is not always the case.

15. When the curricula of the provinces are analyzed, the time allotted for health, which includes all its branches and physical training, there is little time left for dental health teaching.

16. It would also appear in a number of cases that the teacher's training in dental health is not adequate.

17. It has been brought to our attention that more time could be devoted to the more practical application of dental health and daily tooth brush drill in the primary grades of the schools to help form the daily habit of brushing the teeth.

18. In districts where public health dentists and school dentists engage in dental health education, there is a decided difference in the children's knowledge of oral health and its application.

19. It would appear that the actual teaching of dental health is inadequate, although the facilities provided, according to the curricula, seem adequate.

20. Your Committee would like to recommend the following suggestions to the Board of Governors:

(a) That the Canadian Dental Association advise the Canadian Educational Association that they would like to stimulate in the child pride of having good teeth from the standpoint of both good personal appearance and health. They would also like to recommend a list of books and pamphlets acceptable to the Canadian Dental Association.

DENTAL PUBLIC HEALTH

(b) Where possible, information on dental health be given to the teachers at summer schools, normal schools, and the teachers in the schools.

(c) That lectures on dental health be given by dentists to parent-teacher associations and similar organizations.

21. That the Canadian Dental Association recommend to the Department of National Health and Welfare that they revise and bring up-to-date the Dental Manual.

22. This Committee recommends to the Board of Governors that our efforts for next year be directed to a survey of the dental health programs in the different provinces.

23. A budget of five hundred dollars: (1) Development of material; (2) Incidental Expenses; (3) to continue tireless efforts in establishing a good dental health program.

Appendix A

DENTAL PUBLIC HEALTH PROGRAMS IN THE PROVINCES OF CANADA

NEWFOUNDLAND

Newfoundland has not a Director of Dental Services, and has insufficient dentists to supply the needs of its people. This is the main reason they are unable as yet to develop a comprehensive dental health program. The Red Cross, however, is helping wherever possible, which is a great help.

PRINCE EDWARD ISLAND

The general program has concentrated on the promotion of more dental health education in the schools and of more dental treatment for children.

Dental Health Education

(a) A book of lessons on dental health was prepared for teachers, with the purpose of making it easier to present this subject to children in school. All the schools in the Province were visited by the dental hygienists, and one of these books, with samples of posters, pamphlets and booklets, was given to each of the teachers.

(b) During the period from January to April, the hygienists examined all the children in Charlottetown and Summerside, gave them individual education, and notified parents when treatment was required.

(c) The students at Normal School received three periods of instruction from the Dental Director.

Treatment Services

(a) In rural areas, two mobile dental clinics gave treatment to Grade I children.

(b) In urban areas, clinics were operated on a part-time basis for the treatment of needy children.

(c) Topical fluoride clinics were established in Charlottetown and Summerside; also a mobile clinic for rural centers.

The Staff consists of a director, two dentists with dental assistants who operate mobile dental units, and three dental hygienists.

NOVA SCOTIA

Rural Dental Program

Two mobile clinics were in operation for six months, and one unit for three months. Visits were made to 63 communities in 15 Counties.

The main aim in the rural program is dental health education. A talk on the need for regular dental care for children, the value of reducing the consumption of sweets, proper methods of tooth brushing, etc., is more apt to be effective when the community interest in dental matters has been aroused by the visit of the mobile unit.

Stimulation of community interest in dental health in several sections has resulted in arrangements being made to have the younger children treated on a group basis at private dental offices in the nearest town. This is one of the most encouraging results of our rural program.

Dr. R. H. Stanford reported that the children attending the dental clinic at Lantz, Hants County, seemed remarkably immune to dental caries in that 25 per cent of the children under twelve years of age in that community were free of caries. An analysis of five of the water supplies in that section showed a fluoride content of 0.5, 0.3, 0.3, 0.2, and 0.2 respectively. One rather unusual feature of this is the fact that all samples analyzed were from relatively shallow dug wells.

During the period the mobile units were not employed on the rural program, dental clinics were in operation at the three Provincial sanatoria.

Stimulation of interest in fluoridation has continued to be one of the main activities of the Division. Halifax and Kentville have officially approved this measure and the Dartmouth Town Council propose to hold a plebiscite this fall on it.

NEW BRUNSWICK

Dr. R. S. Langstroth is Director of Dental Health for New Brunswick. He spoke to various groups: e.g., school associations, service clubs, nurses-in-training, etc.

During dental examinations of school children, oral health was stressed.

Students at Teachers' College were dentally examined and individually

DENTAL PUBLIC HEALTH

urged to improve their own dental health and to incorporate good dental health instruction into their teaching programs.

Individual students were assisted with factual dental material and visual aids for practice teaching in health subjects.

Lectures were given to the nurses-in-training. Efforts were continued to introduce the fluoridation of water supplies. Talks were given on this subject to different organizations.

QUEBEC

Dr. L. J. Bonneau of the Dental Hygiene Section, Ministry of Health, continues to do excellent work for Quebec.

There are over sixty dentists working part-time on the children of the Province and more than fifty health units where children are examined and treated.

This Province also requires more full-time dentists who are interested in the work of preventive dentistry.

ONTARIO

Most of the activity this year has been directed toward dental seminar programs. Six of these seminars were held during the period from October 1953 to May 1954.

Seminars were held at the following places: Lakehead, Kirkland Lake, Kingston, Orillia, St. Catharines, and Windsor. The expected attendance at Kirkland Lake and Windsor was curtailed owing to a mine strike and severe snow storms. The press and radio gave the seminars excellent coverage.

A committee under the chairmanship of Dr. E. A. White gave over eighty lectures in the Toronto area. Members of the committee made trips to Barrie, Kingston, North Bay, Georgetown, Bolton, Britt, Thessalon, Brantford, Shelbourne and many other places in the Province.

The Dental Public Health Committee assisted in preparation of a brief to the Board of Education respecting the curtailing of the sale of chocolate milk in the Toronto Schools.

Dr. M. Jackson and her committee are at present preparing a film strip to be used in conjunction with the book, "Your Child and Mine."

A symposium on Dental Public Health was arranged for Wednesday, May 19. The breakfast meeting was held Monday morning, with Dr. D. V. Currey as the speaker. A Dental Health luncheon was held on the Tuesday and the speaker was Dr. Carl Sebelius.

DENTAL PUBLIC HEALTH

Three dental coaches have continued to bring dental health education and treatment to the outposts of Northern Ontario. The Junior Red Cross paid the expenses of the dentists' supplies and cost of maintaining the coaches. The Red Cross budget for dentistry this year is \$15,030.00. In 1953-54 the Junior Red Cross (Ontario) gave \$10,000.00 to the Newfoundland project.

Junior Red Cross at the Sick Children's Hospital was appreciated and a cleft palate clinic has been established.

MANITOBA

They have added several new clinics to their schedule.

Two full-time and two part-time dentists have been employed during the year. This has enabled them to complete 453½ clinic operating days in rural areas throughout the Province.

Equipment, supplies, and transportation facilities have been acquired and are in use for four complete operating units.

Only one rural dentist has been available to do school work this year.

Two districts where we previously held clinics were successful in securing resident dentists. Established clinics at Portage la Prairie, West Kildonan, and East Kildonan, have continued throughout the year, and their reports give the undertaking a decided success.

Clinics at Selkirk Mental Hospital, Portage la Prairie and Brandon Mental Hospitals have been visited during the year by the Director, Dr. H. R. Stewart. The problems of these institutions are somewhat different from dental services in our department, and we can only be of assistance as the need arises in suggestions or recommendations.

Dental clinics operated during the year rendered service to 152 schools.

The Winnipeg Dental Society has continued to press for the fluoridation of communal water supplies but with very little definite progress to date.

SASKATCHEWAN

Dental Services

(a) Programs of dental care are hampered, and will continue to be, by the chronic shortage of dentists.

(b) The Division continues to supervise the program of the government, to provide services to the overall Social Aid Group, some 32,000 people in all. Despite our efforts to stress the dental care need of dependents (children), we are still disappointed by the response.

Dental Education

(a) We have this year succeeded in obtaining federal assistance in bringing outstanding clinicians in conjunction with the Saskatchewan Dental Association.

DENTAL PUBLIC HEALTH

(b) We have assisted in a number of vocational guidance programs.

(c) Considerable literature has been distributed in connection with water fluoridation, besides leaflets, pamphlets, and dental health literature; also, films on dental health.

(d) An active campaign for fluoridation in three major cities has been confronted with violent opposition from a small group who are insistent on forcing the issue to a vote. Most of the opposition is based on the pamphlet distributed by the Toronto Globe and Mail: "Boom or Bust."

Public Health Program

Two years ago a Mobile Topical Fluoride Program was commenced, employing dental hygienists. The plan now is to extend the services of the hygienists to include school dental inspections and dental health education in the schools, while carrying on the topical applications. The public has responded surprisingly well to this type of preventive program.

There will shortly be six dental hygienists on the staff, and it is planned to have at least ten in Health Regions by July, 1955.

ALBERTA

Alberta has not at present a Director of Dental Services, but has a good Dental Health Committee with Dr. Orobko as Chairman. They are doing a lot of educational work by lectures to parent-teacher associations and other similar organizations.

This year they put most of their efforts into a very successful health week. The Alberta Dental Association bought a considerable number of pamphlets and secured literature from other sources for distribution. They organized addresses to Service Clubs and other organizations during this week.

They obtained cooperation from practically every agency in the Province and they believe it was successful in bettering public relations between the profession and the public. They think other provinces would also benefit by sponsoring a Health Week.

BRITISH COLUMBIA

At the close of 1953, four health units of the Province had on their staffs a full-time dental director. One dentist on the staff was attending Northwestern University, taking a course in Dental Public Health.

It is suggested that full-time dental officers in future may be allocated on a regional basis, having responsibility within two or three adjacent health units. Within each health unit the same relationship would continue with the health unit instructor as exists at present. The duties of these dental officers, it is suggested, would be three-fold; primarily it would be their duty to encourage dental health education within the area for which they are responsible. This would entail interviews and conferences with school inspectors, principals

and teachers, meeting collectively and individually with the members of the medical and dental professions of the area, and addressing parent-teacher associations, service clubs, and health unit staff conferences.

It is to be explained that the above program would require only six or seven regional dental officers, each having received post-graduate training.

It is pleasant to record the continued activities of Junior Red Cross in the field of practical dental health education, concurrently undertaken with its sale of apples within schools. By personal interviews with teachers who have cooperated with these programs, it is possible to report that the decrease in the consumption of soft drinks, candy, and gum in such schools is indeed praiseworthy, and should serve as a definite stimulant to encourage similar programs.

A great deal of work has been done to educate the people on fluoridation.

Last September, a new program for dental care for younger dependents of persons in receipt of social assistance was inaugurated by the Welfare Branch in cooperation with the B.C. Dental Association. For this year, the program will be limited to children of ten years and under. A health luncheon was held during the B.C. Dental Association Convention, which was very successful and well attended.

Clinics on Children's dentistry were held at Prince George, Prince Rupert, Cranbrook, and Nelson. They were financed jointly by the B.C. Dental Association and the Provincial Government.

DENTAL HEALTH TAUGHT IN SCHOOLS
IN THE PROVINCES OF CANADA

DENTAL PUBLIC HEALTH

Newfoundland

Dental Education Taught	Grades Taught	Who is Teaching Dental Health?	Texts in Use	Are Normal Students Being Instructed in Dental Health?
The uses of teeth. Causes of Tooth Decay. How and when to brush the teeth. Vitamins required for growth and maintenance of teeth. Visits to the dentist. Value of fluorine as preventive of tooth decay. Care of tooth brush. Baby teeth, six-year-old molars, and permanent teeth.	1 - 8	Classroom teacher.	Grade 1: Spic and Span. Grade 2: The Health Parade. Grade 3: Growing Big and Strong. Grade 4: Safety Every Day. Grade 5: Doing Your Best for Health. Grade 6: Building Good Health. Grade 7: Helping the Body in its Work. Grade 8: The Healthy Home and Community.	Yes

Note: We contemplate setting up a sub-committee on Health and Physical Fitness as soon as possible. Its concern will be to examine our present course of study in health and make any suggestions necessary for improvement of our present program.

Prince Edward Island

Free fluorine topical treatments up to age 13.

Dental Hygienists give individual instruction and notify parents when treatment is required.

Brushing teeth.

Usually classroom teachers.

Public Health Nurse.

Dental hygienists speak to rural schools once a year.

Dental Health Manual.

Lessons in Dental Health.

Program of Studies for the schools of P.E.I.

Posters and other material.

Receive three lectures on dental health.

Nova Scotia

Dental Education Taught
 Grades 1 to 3 are assigned 1½ hrs. per week to health teaching.
 Grades 4-6 get 20 to 30 minutes daily.
 Grades 7-9 get 2 hours weekly.

Grades Taught
 1 - 9

Who is Teaching Dental Health?
 Classroom teacher.

In rural areas, operators of the 3 mobile dental units spend a certain amount of time.

Texts in Use
 Grades 1-6: Three Friends; The Girl Next Door; Five in the Family; You; You and Others.
 Grade 7: You are Growing Up.
 Grade 8: Growing up Healthily.
 Grade 9: A Sound Body.

Are Normal Students Being Instructed in Dental Health?
 Yes

School nurse teaches dental health. She uses texts for Grades 7, 8, and 9.

For reference she uses Dental Health Manual.

New Brunswick

Taught to brush teeth night and morning.
 Visit dentist regularly.
 Food habits
 Structure of teeth and their care.
 Causes of decay.
 Effect of general health on teeth.
 Health of the gums.

1 - 10
 Grades 7, 8, and 9—
 Health Education
 1 hour per week.

Classroom teacher
 usually.

If possible, obtain a nurse or dentist to talk on structure and care of teeth.

Health Safety and Success.
 Health—a Handbook of Suggestions for Teachers in Elementary Schools.
 Grades 7, 8, and 9: Good Health.
 Grades 9-10: Importance of Good Teeth.
 Structure of Teeth.
 Preventing Tooth Decay.

Yes

Students prepare group projects.

Dental health project work is consistently outstanding.

Québec

Are Normal Students
Being Instructed in
Dental Health?

Texts in Use

Normal schools do
not teach dental
hygiene.

Who is Teaching
Dental Health?

Grades Taught

21 dentists of 60 work-
ing for the Ministry
of Health give these
short conferences.
Last year they gave
1123 conferences with
an attendance of
46,876 persons.

Children of ele-
mentary and sec-
ondary schools
of a few counties
only attend these
conferences.
Pupils are from
6-14 yrs. of age.

Dental Education Taught

Conferences of about
10 mins. are given to
the pupils present
in the schools.

Ontario

Grades 1-6:
Health—a handbook of
suggestions for teachers
(Chap. 13).
Primary Division:
Good Times with
our Friends.
Three Friends.
Five in a Family.
Jr. Division:
The Girl Next Door.
You.
You and Others.
Grades 7-8:
Your Growing Up.
Into Your 'Teens.
Grades 9-10:
Good Health.
Grades 11-12:
Good Health.

Classroom teachers.

1 - 12

Grades 1-6:
Inspection of Teeth.
Attention to 6-year molars.
Morning inspection of
teeth.

Diet.

Tooth brushing.

			Are Normal Students Being Instructed in Dental Health?	
Dental Education Taught	Grades Taught	Who is Teaching Dental Health?	Texts in Use	
Grades 1-3: Instruction in cleaning teeth and cleaning materials.	1 - 12	Classroom teacher. Also Public Health Nurse.	Grades 1-4: None. References Safe and Healthy Living series by Andress Gold- berger and Ginn Co. Grades 5-6: Health safety and Success. Grades 7-8: Your Health and Safety. Grade 9: Effective Living.	Yes, by health education instructor.
Saskatchewan				
Grades 1 and 2: Emphasis placed on teeth and dental care generally. Shown methods of using a toothbrush.	1 - 10	Classroom teacher.	Grades 1-6: no health texts. Good Health. Health for You.	
Grades 3 and 4: Diet important factor in building good teeth. En- couraged to visit dentist. Teacher supposed to arrange for a dentist to give talk on care of teeth.				
Grades 5 and 6: Health diet.				
Grade 9: Special emphasis placed on a healthy mouth and sound teeth. Structure of the teeth.				
			Note: Extract from letter of Mr. H. Janzen, Director of Curricula: I might add in closing that we are now starting a revision of the health program in the elementary schools. Any sugges- tions which the College of Dental Surgeons would wish to make would be warmly appreciated.	

Alberta

Dental Education Taught
Teeth and Appearances.
Causes of Tooth Decay.
Dental Examination.

Grades Taught

1 - 10

Who is Teaching
Dental Health?

Classroom teachers
and dental hygienists.

Texts in Use

Health and Personal
Development.

Bulletin for
Elementary Schools.

Are Normal Students
Being Instructed in
Dental Health?

Yes

British Columbia

Dental education is given
in the health program
prescribed for Grades
1-10, and 11 or 12.
Simple rules for care of
teeth; regular visits to
dentist.

1 - 10
11 or 12

Grades 1-8:
Classroom teacher.

Grades 9-12:
Teaching done by
teachers of guidance
in health and per-
sonal development.

No texts are pre-
scribed for Grades 1-6.

Grade 7:
You're Growing Up.

Grade 8:
Into Your Teens.

Grade 9:
Your High School Days.
Good Health.

Grade 10:
Personal Problems.
4-Square Planning
for Your Career.
Good Health.

Grade 11 or 12:
Family Living.

Yes

COMMENT AND ACTION

We have carefully studied the Report of the Dental Public Health Committee and beg to report as follows:

1. We commend the efforts of Dr. Mitton and Miss Hebert and are pleased that this demand has been met by the Association.
2. We commend the efforts of Dr. Frank McCombie and note the large number of pamphlets sold.
3. Noted as information.
4. We commend the effort of the Alberta Dental Association. Being informed that it will be repeated this year and awaiting the result of this experience.
5. (a) Informative.
(b) We recommend that efforts be continued to secure programs and suggest that applications for same be made well in advance.

If successful in arranging a program, it is recommended that members of the profession be encouraged to write appreciative letters to the station or stations concerned.

6. - 7. Interesting and informative.
8. (a) We express appreciation to the A.D.A. for their continued assistance and cooperation.
(b) Heartily concur.

Note: We recommend that these releases be made available to all able to use them, e.g., Provincial Directors.

9. Information.
10. We heartily commend the Committee for their fine survey of Dental Public Health programs in Canada. (Appendix A).

We recommend that the Committee study the degree of expansion in Dental Public Health programs that might reasonably be expected in light of the figures revealed in the Canadian Sickness Survey.

11. - 12. Information.
13. We commend the efforts of the Committee and note the excellent response to the Survey. The analysis of this data has been painstaking and has supplied very valuable information.
- 14., 15., 16., 17., 18. & 19. Interesting elaboration of data in Appendix B.
20. - 23. Concur.

DENTAL PUBLIC HEALTH

Arising from this exhaustive discussion of Dental Public Health and realizing that it could have a possible serious effect on the future of Dental Public Health programs in Canada, we present the following resolution:

Resolution: We desire to draw to the attention of the Board of Governors the unfavourable position of the dental profession in public health, arising from the present policy of issuing a variety of public health diplomas.

In Canada, a D.D.P.H. is awarded to dentists completing a course equivalent to the one for which physicians are awarded the D.P.H. In U.S., the M.P.H. is awarded to physicians, dentists, and other professional public health personnel alike, on the completion of equivalent courses. It is our opinion that the M.P.H., or a certificate, or degree, similar to that issued to physicians, should be awarded to Canadian dentists. The diploma at present issued to dentists suggests a restrictive type of public health qualification, which reflects on their public health status and militates against advancement.

This has led Canadian dentists to seek public health training in the United States.

Whereas in our opinion it is desirable that Canadian dentists receive public health training in Canada, and that their status both professionally and economically be maintained at a level which will encourage members of the dental profession to seek public health training and employment in this country, we recommend to the Board of Governors that a committee be appointed to study this subject.

We recommend the adoption of the report of the Dental Public Health Committee.

APPROVED

MEMBERS OF RESEARCH COMMITTEE: J. B. Macdonald, Chairman, Toronto, Ont.; G. H. W. Lucas, Toronto, Ont.; R. M. Grainger, Toronto, Ont.; K. J. Paynter, Toronto, Ont.; Gordon Nikiforuk, Toronto, Ont.; W. G. McIntosh, Toronto, Ont.; R. G. Ellis, Toronto, Ont.; J. P. McGuigan, Halifax, N.S.; A. G. Racey, Montreal, P.Q.; George Brass, Edmonton, Alta.; M. A. Cox, Toronto, Ont.; H. A. Hunter, Thornhill, Ont.; E. J. Martin, Oshawa, Ont.; J. D. McLean, Halifax, N.S.; A. W. S. Wood, Toronto, Ont.

REPORT

1. SCOPE OF ACTIVITIES

The main projects of the Research Committee this year have been:

- (a) The conduct of the C.D.A. Studentship programme for the training of personnel for research.
- (b) The publication and circulation of research findings.
- (c) The evaluation of new reports on fluoridation.
- (d) An examination of the status of so-called "Therapeutic Dentifrices".
- (e) An examination of the status of dental research in Canada.

2. PERSONNEL

(a) Dr. A. G. Nutlay requested leave of absence from the Committee to accept a position as Research Associate at Beth Israel Hospital, Boston. Dr. J. D. MacLean consented to act in Dr. Nutlay's place until the annual meeting of the C.D.A.

(b) Drs. W. G. McIntosh, R. G. Ellis, J. P. McGuigan and A. G. Racey have completed their terms of office. Their contributions to the C.D.A. through their membership on the Research Committee are acknowledged gratefully.

3. STUDENTSHIP APPLICATIONS

(a) Dr. Jean-Paul Lussier applied for an extension of his Studentship for a three-month period. An extension in the amount of \$300.00 covering this period was approved.

(b) Dr. Robert Rapp was granted a Studentship in the amount of \$2,160.00 (\$1,800.00 tuition and \$1,350.00 living expenses) for one year of graduate study at the University of Michigan.

(c) Dr. A. W. S. Wood was granted \$164.73 to spend one week at the University of Illinois to investigate a new technique in controlled cavity preparation for experimental animals. Dr. Wood has advanced the method since his return to Canada and is now using it to evaluate new potentially protective liners.

(d) Dr. K. J. Paynter was granted \$109.41 to attend a conference of the New York Academy of Sciences on the subject "Recent Advances in the

RESEARCH

Study of the Structure, Composition and Growth of Mineralized Tissues". Dr. Paynter is conducting research in this field at the Division of Dental Research, University of Toronto.

(e) Dr. Frank Popovich was granted a Studentship of \$179.00 to visit the Philadelphia Centre for Research in Child Growth. He was interested in analytical methods being employed in a study similar to one which he is conducting at Burlington, Ontario, under the sponsorship of a Federal Health Grant.

(f) Dr. C. Reynolds reported that he was the recipient of a National Research Council Fellowship and requested that his Studentship be therefore discontinued.

(g) Dr. M. Hunt was granted \$1,200.00 for the first year of a two-year training programme in nutrition at the University of Toronto.

4. REPRINT SERVICE

From funds of the Canadian Dental Research Foundation, the Research Committee has established a Reprint Service. Canadian Research workers may request the Research Committee to purchase 200 reprints of original scientific articles. These reprints are stamped at C.D.A. Headquarters with a stamp reading "Reprint Service, Canadian Dental Association". One hundred reprints are circulated to dental and scientific organizations and to universities throughout the world. One hundred reprints are returned to the author for further distribution in answer to requests. The following articles have been circulated through this service:

W. G. McIntosh: Gingival and Periodontal Disease in Children.

K. F. Box: A Preliminary Report on Studies of the Free Enamel Surface of the Human tooth.

G. Nikiforuk and L. Sreebny: Demineralization of Hard Tissues by Organic Chelating Agents.

H. A. Hunter and G. Nikiforuk: Staining Reactions Following Demineralization of Hard Tissues by Chelating and Other Decalcifying Agents.

R. M. Grainger: Epidemiology of Dental Caries.

H. A. Hunter and G. Nikiforuk: Ameloblastoma in a three year old male.

K. J. Paynter: Effects of thiouracil on the development of molar teeth of rats.

J. B. Macdonald, R. M. Sutton and M. L. Knoll: The production of fusospirocheatal infection in guinea pigs with recombined pure cultures.

A large number of favourable comments on this new service have been received from various parts of the world, and it is evident that the service is helping to publicize the accomplishment of Canadians in Dental Research.

5. ABSTRACT SERVICE

The Research Committee has been assembling abstracts of research papers published by Canadians and for the past year these have appeared as a regular feature in the Journal. Twenty-two abstracts have been submitted for publication. It is felt that this new service will help acquaint the profession in Canada with recent advances.

6. PUBLICATIONS

From the funds of the Canadian Dental Research Foundation, the Committee has published a 95-page monograph by J. B. Macdonald entitled, "The Motile Non-Sporulating Anaerobic Rods of the Oral Cavity". This has been circulated through the Reprint Service.

7. FLUORIDATION

(a) The first edition of "Facts on Fluoridation" received wide circulation and much favourable comment. The supply has been exhausted and a revised edition has been prepared incorporating the results of the most recent investigations.

(b) Representatives of the Research Committee met with representatives of the Public Health Committee and the Public Relations Committee under the Chairmanship of the President-elect, Dr. P. G. Anderson. The achieved purpose of the meeting was to formulate a policy concerning the dissemination of information and the answering of enquiries concerning fluoridation. The following two motions were passed and subsequently approved by the Executive:

THAT the policy of the Canadian Dental Association on the subject of fluoridation of communal water supplies is to study all scientific reports and make available factual information at all times. This association strongly recommends the fluoridation of water supplies but does not undertake to induce individual communities to adopt the procedure.

THAT all inquiries regarding fluoridation be answered by the Secretary on the basis of the established policy, with the advice of the appropriate committee when necessary.

8. THERAPEUTIC DENTIFRICES

A review article dealing with the various classes of therapeutic dentifrices is being prepared by the Committee. On completion it will appear in the Journal.

9. SURVEY OF DENTAL RESEARCH

The Committee's plan to survey the status of dental research in Canada is now under way. A suitable information form for dental schools has been prepared and submitted to the schools. The objectives of the survey have been outlined to the members of the Council on Dental Education. The latter body has agreed to co-operate in the conduct of this survey. It is anticipated that this project should be completed within the next year.

RESEARCH

10. RESEARCH PROJECTS

A list of projects in progress in Canada will be found in Appendix A. Comparison with the list from as little as three years ago indicates a tremendous upsurge in the research field in this country. More important, the quality of the research is such that in a number of cases it is being internationally recognized and is enhancing the prestige of Canadian dentistry throughout the world.

11. ENQUIRIES

The usual number of requests for information have been answered this year. In addition, the editor of the Journal has submitted material reporting original research to the Committee for refereeing prior to acceptance for publication. Expert refereeing is a procedure followed by the best scientific journals and the Research Committee would be pleased to assign further manuscripts to appropriate referees in an effort to maintain high standards in this Journal.

12. FUTURE PLANS

- (a) Complete the survey of Dental Research.
- (b) Administer the Studentship programme.
- (c) Continue the Abstract Service in the Journal.
- (d) Expand the Reprint Service.
- (e) Complete the review on therapeutic dentifrices.
- (f) Continue the study of important developments in research, such as fluoridation, etc.

13. FINANCIAL STATEMENT

- (a) The financial statement appears as Appendix B.
- (b) The amount approved for Studentships during the present year has been \$4,104.14.
- (c) The Committee respectfully requests a total allocation for the coming year of \$3,500.00.

Appendix A

The following is a list of personnel and research projects completed or in progress:—

1. Dr. A. Antoni, Toronto. The temporo-mandibular joint: its component parts; its function and its derangements.
2. Dr. L. F. Belanger, Ottawa. I. Autoradiographic visualization of in vitro exchange in teeth, bones and other tissues, under various conditions. II. Auto-

radiographic and histochemical studies of the entry and incorporation of sulphur in growing bones and teeth of the rat. III. (With Drs. W. E. Lotz, W. J. Vissek and C. L. Comar). Autoradiographic visualization with Ca^{45} of normal growth of the incisor of pig and the effect of fluorine feeding.

3. Dr. C. H. Best, Toronto, (with Dr. W. J. Linghorne). An investigation of the mechanism of repair of the supporting structure of the teeth.

4. Dr. H. K. Brown, Department of National Health and Welfare, Ottawa. I. A study of the effects of the topical application of a two percent stannous fluoride solution for the prevention of tooth decay. II. A study of a simplified technique for the topical application of two percent sodium fluoride solution for the prevention of tooth decay in a school-age group. III. A study of dental effects of adding 1 p.p.m. of fluoride in the form of sodium fluoride to the community water supply at Brantford, with control groups at Sarnia and at Stratford, Ontario. IV. (With Drs. F. A. Kohli, J. B. Macdonald and H. R. McLaren). Measurement of Gingivitis among school-age children in Brantford, Sarnia and Stratford, using the P-M-A Index.

5. Dr. A. E. Chegwin. I. Caries Incidence in Fluoridated Areas. II. An analysis of Adult Dental Needs. III. The Relationship of Treatment Services to Need in a Child population.

6. Dr. E. B. Cook and Dr. G. W. Street, Toronto. An electromyographic analysis of the temporal muscles in 5-8 year olds with excellent dentofacial development.

7. Dr. M. A. Cox (with Dr. M. Jackson) Toronto. I. Topical application of fluoride. II. (with Dr. G. Nikiforuk, Dr. S. Jackson, Dr. C. I. Coburn, Dr. R. A. Connor and Dr. J. W. Lawrence). Protein metabolism and its relation to dental caries.

8. Dr. M. R. Culbert, Toronto. A cephalometric study of maxillary growth as related to statural growth.

9. Dr. S. G. Davis (with Dr. H. R. MacLean), Edmonton. Electropotentials caused by dental alloys.

10. Dr. R. M. Grainger, Toronto. I. (with Dr. C. I. Coburn, Dr. R. A. Connor, Dr. J. W. Lawrence). Field study of the characteristics of caries immune individuals. II. (With Dr. D. B. W. Reid). The distribution of dental caries in children.

11. Dr. H. A. Hunter, Toronto. I. Effect of gutta percha and silver points on bone healing in the rat. II. (with Dr. J. B. Macdonald.) The pathological characteristics of fusospirochetal infections.

12. Dr. D. H. Jenkins, Toronto. I. An analysis of treated orthodontic cases. II. Electromyography of the head, face and neck. III. Study of the dental arch form and anatomical relations in a series of excellent occlusions. IV. With

RESEARCH

- Dr. E. Harvold. Facial Growth in cleft palate. V. (With Dr. F. Popovich and Dr. M. Hatton). An evaluation of interceptive orthodontic procedures.
13. Dr. E. E. Johns, Toronto. Development of the occlusion on primitive diets.
14. Dr. B. N. Kropp, Kingston. Development of a rapid method for grinding thin sections of plastic-embedded teeth.
15. Dr. C. P. Leblond, Montreal. I. Entry of phosphate, carbonate, and calcium ions into teeth, as shown with the help of radioactive elements. II. (with Dr. R. C. Greulich) Radio-autographic visualization of the formation and fate of the organic matrix of dentin.
16. Dr. A. G. Nutlay, Halifax. (With Dr. S. N. Bhaskar, Dr. J. P. Weinmann and Dr. A. M. Budy). The effects of estrogen on the gingiva and alveolar bone of molars in rats and mice.
17. Dr. J. B. Macdonald, Toronto. I. Isolation and characteristics of *Bacteroides nigrescens*. II. Motility in a species of non-flagellated bacteria. III. The non-sporulating anaerobic rods of the oral cavity. IV. Experimental fusispirochetal infection with mixtures of pure cultures. V. (With Dr. E. M. Madlener). Isolation and characteristics of *Spirillum sputigenum*. VI. (With Dr. A. W. S. Wood and Dr. G. C. Hare). The bacteriology of traumatically devitalized teeth.
18. Dr. F. McCombie, Department of Health and Welfare, Victoria, (with Dr. J. H. Doughty, D. Noble and F. E. Schroeder). A preliminary study to determine whether a correlation exists between the dietary habits and the dentitions of elderly persons.
19. Dr. W. G. McIntosh, Toronto. I. Periodontal disease in children. II. (With Dr. A. Antoni and Dr. J. B. Macdonald). Value of Periodontal pack in preventing post-extraction bacteremia.
20. Dr. G. Nikiforuk, Toronto. I. Study of the reducing properties of saliva towards some oxidation-reduction indicators. II. Study of demineralization of hard tissue by organic chelating agents. III. Study of the effects on teeth of topical application of silicones. IV. (With Dr. H. A. Hunter) Staining characteristics of tissues decalcified with ethylene diamine tetra acetate. V. (With Dr. W. Feasby). Rapid practical caries activity test.
21. Dr. K. J. Paynter, Toronto. I. Effect of thiouracil on the development of molar teeth in rats. II. (With Dr. R. M. Grainger). Effect of dietary changes on the morphology of rat teeth. III. (With Dr. A. W. S. Wood). An evaluation of silicones and ion exchange resins as cavity liners. IV. (With Dr. B. T. Dale and Dr. R. M. Grainger). Study of Tooth Morphology in the fluoride endemic region of Mount Forest.
22. Dr. A. L. Posen, Toronto. A study of the morphology of the mandible in cleft palate patients.

23. H. V. Pritchard and Barbara Cowan, Fredericton. A survey of the Fluoride content of New Brunswick Water Supplies.
24. Dr. J. J. Rae, Toronto. Chemical mechanisms in dental caries.
25. Dr. R. L. deC. H. Saunders, Halifax. Study of human dental pulp blood vessels by x-ray microarteriographic methods.
26. Dr. H. Shanks, Toronto. A study of manual dexterity in children with sucking habits.
27. Dr. M. Doreen Smith, Toronto. Fluoride content of dentin, enamel and alveolar progresses of teeth from Sarnia, Brantford and Stratford.
28. Dr. H. Thompson, Toronto. Factors involved in the sterilization of sharp instruments.
29. Dr. C. H. M. Williams, Toronto. (With Dr. M. M. Mehta). Evaluation of 'chew-sticks' as therapeutic agents in oral hygiene.
30. Dr. M. Yasny, Toronto. Lateral cephalometric study of the developmental skeletal pattern in cleft palate cases from 6-13 years of age.

Appendix B

**RESEARCH COMMITTEE FUND
FINANCIAL STATEMENT**

Sept. 1, 1953 - July 31, 1954

Sept. 1/53 BALANCE (as reported in Appendix D
of 1953 Report of Research Committee) \$12,428.79

RECEIPTS

Research Foundation (Bond Interest)	\$ 363.07	
C.D.A. Grant for 1954	3,500.00	
Exchange and discount	18.47	
Bank interest	82.73	
Refund on Studentships	71.90	
		4,036.17
		\$16,464.96

DISBURSEMENTS

37—Canadian Dental Association		RL—3
Thorne, Mulholland (Auditors)	\$ 25.00	
Company's Act Fee for 1954	2.00	
Reprints	85.68	
Studentships	2,752.00	
Bank charges	2.65	
		\$ 2,867.33

BALANCE July 31/54 \$13,597.63

RESEARCH

COMMENT AND ACTION

1. Commend.
2. No comment.
3. We commend highly the growth and value of these studentships and recommend they be continued and encouraged.
4. - 6. Commend.
7. We recommend that the Board of Governors reaffirm their stand on the fluoridation of communal water supplies.
We note with gratification the endorsement of fluoridation by the Canadian Medical Association.
8. - 12. Noted.
13. It is recommended that the Auditor's Report of the financial position of the Canadian Dental Research Foundation shall appear regularly in the proceedings.
We endorse the request for financial assistance for the coming year.
The Committee and Chairman are to be commended on the progress being made.

We recommend the adoption of the Report of the Research Committee.

APPROVED

RESOLUTION

MOTION RE FLUORIDATION OF COMMUNAL WATER SUPPLIES

Whereas the Canadian Dental Association continually studies and evaluates all methods of preventing dental disease,

And whereas these studies continue to demonstrate that fluoridation of communal water supplies is the most effective public health measure yet known for the prevention of dental decay,

And whereas all pertinent studies continue to confirm the safety and economy of this measure,

Therefore be it resolved that the Canadian Dental Association strongly reaffirms its recommendation to the people of Canada that without delay communities having a communal water supply adopt a procedure for water fluoridation best suited to their local needs and for this purpose seek competent dental, medical and engineering advice.

APPROVED

MEMBERS OF HEALTH INSURANCE STUDIES COMMITTEE: Harvey W. Reid, Chairman, Toronto, Ont.; C. A. E. McCabe, Valleyfield, P.Q.; T. R. Marshall, Toronto, Ont.; L. V. Janes, Hamilton, Ont.; W. R. Scott, Vancouver, B.C.; J. F. Brown, Winnipeg, Man.; R. Langlois, Quebec, P.Q.

REPORT

1. Your Committee met at C.D.A. Headquarters, April 22 and 23. The meeting was purposely delayed waiting for the 3rd and 4th compilation of the Canadian Sickness Survey. These arrived the day of the meeting.

2. Reports were presented from the following Provincial Health Insurance Studies Committees: Alberta, British Columbia, and New Brunswick. These were studied carefully and the following action was taken:

MOTION: "That the New Brunswick, British Columbia and Alberta reports to the Health Insurance Studies Committee be tabled for study by a committee appointed by the Chairman of this Committee to bring in a report embodying the full discussion at this meeting".

The following sub-committee was formed: Doctors T. R. Marshall, L. V. Janes, H. W. Reid, D. W. Gullett and R. M. Grainger to be called for consultation.

3. Canadian Sickness Survey Compilations 1, 2, 3 and 4

Compilations 1 and 2 were studied and stress was laid on the fact that this was a scientific survey, very expensive and done on a calculated basis, also that these figures would certainly be used by the Government in planning any health scheme. The only hope that the profession would have of refuting any of these figures is to present figures secured on a scientific basis by means of surveys done by the profession. Such a survey is the C.D.A. Economic Survey. After much valuable discussion the following motions were passed:

- (a) "That Dr. Gullett and Dr. Grainger study compilations 3 and 4 and request from Ottawa figures giving number of children, etc., involved in the Survey.
- (b) "That after study of the statistical data contained in the Canadian Sickness Survey 1950-51, we reserve comment until the figures of the C.D.A. Economic Survey and the subsequent compilations are known."

4. Relationship of Hospital and Medical Services Plans to Dental Practice:

(a) Some of the existing hospital and medical services plans will pay for hospitalization and medical care when a medical graduate performs the operation, but will not pay when a dentist performs the operation. The majority of the medical profession are against their members performing dental operations and the Blue Cross, willing to cooperate with the dental profession, asked

HEALTH INSURANCE STUDIES

for a statement defining what dental operations it is essential to have performed in a hospital by a dentist. Dr. Tanner, chairman of the C.D.A. Hospital Dental Services Committee, met with the Committee and there was full discussion of the problem. It was generally agreed that there were two types of patients who required hospitalization for dental operations.

- (i) Those whose physical condition was such that it was not suitable or safe to have the operation done in a dental office and who could not be cared for at home.
- (ii) Those who required operation of a serious nature. (It would be difficult to give a satisfactory list of these).

(b) It was felt that this problem would be materially helped by education of both the dental and medical professions.

(c) The following resolution was passed:

"That we recommend to the Blue Cross the addition of the following words to Section 7 (f) of Terms and Conditions of Enrolment "except when the services are performed by a qualified member of the dental profession" and that representatives of the dental profession cooperate in the control of abuses under the Blue Cross plan."

(Since this report was written the Blue Cross has accepted items 4 (a) (I) and (II) but cannot legally accept item 4 (c).)

5. Pre-payment Plans

The original model pre-payment plan has served a useful purpose, but it was felt that it is perhaps too confining to meet all situations that might arise in Canada. A set of principles were presented (Appendix A) that would be applicable to most situations. These were carefully studied and approved and are presented for the approval of the Board of Governors.

N.B. It is interesting to note that the New York pre-payment plan has finally commenced to operate and that comment on it has appeared in practically every Canadian newspaper expressing the hope that some such plan be started in Canada.

6. Post-payment Plans

Principles for guidance in the formation of such plans were presented, studied and approved and are presented in Appendix B. These are broad principles, leaving room for experimentation, as only in this way will workable, satisfactory plans be developed. There is considerable interest in the Western Provinces in developing a method of time payments for dental service. One city is about to embark on such a project. Two United States plans that have been operating for some time are the Detroit and the California plans. It is noteworthy that each of these are a joint effort of the local dental organization and a bank; also that they are non-profit.

7. Industrial Dental Service

There is increased interest in this type of service at the present time. While an excellent and detailed brochure was prepared by the former Committee of this name and is still available, it was felt that some short broad principles should be laid down for the guidance of those interested in such a service. These were presented, studied and approved and are attached as Appendix C. Also presented was a report on the operation of a Pilot Model Industrial Dental Service by the Dental Health Division of the Department of Health and Welfare. This project grew out of discussions between the Division and the Committee on Industrial Dentistry back in 1946-47. It was then agreed by the Department to set up and operate for a limited period a model preventive industrial dental service. The report presents their experience in detail. It is beautifully prepared and illustrated and is an excellent guide to any concern contemplating such a service. The C.D.A. should be very grateful to the Department of National Health and Welfare for this practical evidence of their cooperation.

8. Economic Survey

Dr. Gullett informed the Committee of the number of returns received as of that date and after discussion the following resolution was passed:

“That this Committee would desire a further reminder in the form of a letter of explanation, be sent to all members of the C.D.A. regarding the Economic Survey questionnaire.”

9. There is nothing new to report on any projected broadening of the Federal Health Insurance plan. The rumour factory, like many others, has been quite quiet. No one knows if this is but a calm before the storm. Your Committee keeps in close touch at all times.

10. The Chairman wishes to thank the members of the Committee and Dr. Gullett for their assistance and cooperation.

Appendix A

(VOLUNTARY) PREPAYMENT PLANS

Background

1. Prepayment plans are in general use for hospital and medical services.
2. The widespread occurrence of dental defects has caused doubt respecting the feasibility of prepayment plans for dental care.
3. Proof of feasibility will only be known by actual experiment.
4. As far as known, no prepayment plan for dental care has been established (excepting cutting operations included in some surgical plans).
5. Practically all prepayment plans in health care have been established through the existence of an underwriting fund.

HEALTH INSURANCE STUDIES

6. Increasing pressure is known to exist for the establishment of prepayment plans in dental care.
7. The establishment of experimental prepayment plans for dental care is desirable.
8. Initially, such plans must possess variable features during the experimental period and consequently should be based upon broad principles.
9. While the Canadian Dental Association has set forth a model plan, it is suggested that the formulating of principles underlying such plans with elasticity for experimentation would prove more appropriate on the national level.

Principles

1. The plan should be operated on a non-profit basis.
2. The plan should be developed, maintained and advocated to the public upon the advice of representatives of the profession.
3. All rules and policies related to the dental treatment under the plan, including examination, diagnosis, treatment, prevention and health education, should be determined by officially designated representatives of the profession.
4. The type and amount of service, with the conditions under which such service is to be provided, should be designated explicitly in the plan so that no misunderstanding may arise either by dentist or patient in the operation of the plan.
5. Fees for dental services paid to dentists under the plan should be determined by authorized representatives of the dentists who will render the dental services. In all cases fees should be consistent with the provision of high grade dental services.
6. Freedom of choice should be carefully safe-guarded. The patient should have freedom to choose the dentist and the dentist should have the right to accept the patient. For this reason no ethical and legally qualified dentist should be excluded.
7. The dentist must have complete freedom and responsibility of judgment in rendering dental services.
8. In order to assure low administrative costs, sound and efficient business practices should be employed.
9. Payment for services should be made directly to the dentist.
10. The plan should sustain and encourage high quality dental services at all times. Authorized representatives of the dental profession should control the extent and type of treatment, being the only group legally and educationally qualified to exercise such control.

Recommendation:

That endeavour be made to establish (voluntary) prepayment plans for dental services based upon the above principles as rapidly as possible.

POST PAYMENT PLAN**Background**

1. No post payment plan for dental services is known to exist in Canada.
2. Several post payment plans for dental services are in existence in the United States.
3. The most frequent argument for a post payment plan is that the public purchase to a great extent, commodities on a time payment basis.
4. Undoubtedly the most dangerous feature of such plans to be guarded against is the too much stressing of commercial features, thus destroying the patient-dentist relationship respecting payment for services.
5. The chief benefits of post payment plans are said to be:
 - (a) Such plans serve to simplify professional services by allowing the services to be performed at an earlier stage.
 - (b) Costs to patient are reduced:
 - (i) dentistry postponed owing to lack of convenient means of payment may result in loss of teeth and injury to general health.
 - (ii) delay of necessary services directly increases costs.
 - (c) Aid in eliminating criticism that dentistry is too expensive.
 - (d) Aid in increasing demand for dental services and allows dentist to schedule his operating time on basis of production rather than basis of payment.
6. In order to succeed such plans must be under the active control of the dental society.
7. In the United States, recognized banks may act as the third party in post payment plans, but it is our understanding that the Canadian Bank Act does not permit such cooperation.
8. Dentists are admitted in the plan after taking a course of instruction respecting the operation of the plan.
9. Information respecting the plan is released by the participating dentist.
10. In most operating plans, 5% of the account goes into the reserve fund. (Controlled by Dental Society).

Principles:

1. The plan should be under strict control of the dental society and under the name of the society.
2. The participating dentist should be required to take a detailed course of instruction respecting the plan before being permitted to use it.
3. The cooperating financial institution should be one of recognized ethical high standing over a considerable period.
4. A small percentage (3 to 5%) should be deducted from each account and placed in a reserve fund.
5. The extension of credit should be on a reasonable basis, with no cosigner to the contract.
6. The whole transaction should take place in the dentist's office.

POLICY RE INDUSTRIAL DENTISTRY

Background:

Considerable study has been given by the Association to the establishment of industrial dental health programmes. A special committee worked on this subject for several years, publishing in 1948 a booklet entitled, "Industrial Dental Services".

The work of this special committee was delegated to the Health Insurance Studies Committee at the Annual Meeting 1952.

Some evidence exists of renewed interest in this field and it would appear appropriate that a revised statement of policy be considered.

Statement of Policy:

1. The programme should be developed by means of consultation with the provincial legal dental body and local dental advisory committee.
2. The policies and regulations of the programme should assure the employee the highest quality of dental service.
3. The treatment services should be rendered, with the exception of emergency dental care, by a legally qualified dentist of the employee's choice.
4. The programme should consist of:
 - (a) periodic examination, including roentgenograms, of employees.
 - (b) emergency service, including treatment of injuries and diseases caused by occupation.
 - (c) referral of patients to private practitioners.
 - (d) compiling of accurate clinical records.
 - (e) dental health education.
5. The dental service should be administered by a legally qualified dentist and integrated with the other health services of the industrial programme.

COMMENT AND ACTION

1. Information.
2. We are pleased to note that reports were received from Alberta, New Brunswick and British Columbia Health Insurance Studies Committees.
3. The Canadian Sickness Survey compilations are still under study by the Health Insurance Studies Committee. We are pleased that progress is reported, and commend the committee for their diligence.
4. This problem has necessitated considerable thought and discussion on the part of the Health Insurance Studies Committee.

The Health Insurance Studies Committee feel that this whole matter of the relationship of Hospital and Medical Services Plans to Dental Practice be referred for further study to the two interested committees,

namely, the Hospital Dental Services Committee and the Canadian Society of Oral Surgeons. We so recommend.

5. & Appendix A. Due to the publicity given to the implementation of the New York prepayment plan for dental services, the Canadian public has shown definite interest in some such plan for Canada.

The Health Insurance Studies Committee presents for consideration the broad principles of a voluntary prepayment plan for dental services. We recommend adoption.

6. & Appendix B. The Health Insurance Studies Committee here present the broad principles for a postpayment plan for dental services. We feel that this plan can be used as a reasonably sound guide to any further establishment of this type of plan. We recommend adoption.

7. & Appendix C. The broad principles for an Industrial Dental Service are presented to the Board of Governors for their consideration. We recommend adoption.

8. It is interesting to note that this letter brought in an approximate 10% increase in return.

9. - 10. Noted.

Observation: The passing of the years bring in their wake inevitable changes. When the change reflects progress "All is well".

The Health Insurance Studies Committee in keeping abreast of the times has presented three definite plans to meet modern demands. They have laid down the guiding principles for:

- (a) Voluntary Prepayment Plan.
- (b) Postpayment Plan.
- (c) Industrial Dental Service Plan.

The Canadian Dental Association now have definite patterns established for future guidance.

The Health Insurance Studies Committee is to be congratulated upon their painstaking work and planning programs during the year.

We feel that all members should make themselves familiar with the three plans as outlined.

We recommend the adoption of the Report of the Health Insurance Studies Committee.

APPROVED

HOSPITAL DENTAL SERVICES

MEMBERS OF HOSPITAL DENTAL SERVICES COMMITTEE: D. M. Tanner, Chairman, Toronto, Ont.; F. A. Smith, Vancouver, B.C.; G. A. Buchanan, Winnipeg, Man.; J. M. Chamard, Montreal, P.Q.; G. de Montigny, Montreal, P.Q.; S. A. MacGregor, Toronto, Ont.; R. E. Diprose, Toronto, Ont.; J. B. O'Brien, Saint John, N.B.

REPORT

1. Numerous enquiries regarding the establishment of dental services in hospitals have been received and dealt with by the Committee.

2. In Calgary, the Holy Cross Hospital and the General Hospital have invited members of the Calgary Dental Society to become hospital staff members. This is a forward step in medical-dental relations unequalled anywhere in the world. The Hospitals and the Calgary Dental Society are to be highly commended.

3. The Committee has tentatively approved the dental service of l'Hopital du Sacre-Coeur, Montreal, P.Q. Final approval will require a personal inspection of the service.

4. Correspondence between the Committee and the Canadian Commission on Hospital Accreditation is progressing, with a view to incorporating dental and medical accreditation.

5. The Committee has been unable to function efficiently and in a parliamentary manner because of the smallness of the central group.

6. Recommendations

The Chairman recommends the addition of one more member to the central group.

COMMENT AND ACTION

1. No comment.

2. The Holy Cross Hospital, the General Hospital, and the Calgary Dental Society are to be commended for an interesting development.

We recommend that the Hospital Dental Services Committee be requested to provide further information on the methods used in controlling and administering this new programme.

3. & 4. It is recommended that the Hospital Dental Services Committee be given authority to accredit hospital dental services in accordance with "Basic Standards for Hospital Dental Services", as previously approved by the Board of Governors.

5. & 6. We sympathize with the problem and recommend that in future the Hospital Dental Services Committee be so composed that the Chairman and a majority of members are resident in one centre.

HOSPITAL DENTAL SERVICES

Recommendation: It is recommended that the Council on Dental Education, in collaboration with the Hospital Dental Services Committee, study the relationship of hospital dental services to dental education and submit a report.

The Committee and the Chairman are to be commended on the progress being made in respect to hospital services.

We recommend the adoption of the Report of the Hospital Dental Services Committee.

APPROVED

HOUSING

MEMBERS OF HOUSING COMMITTEE: R. P. Lowery, Chairman, Toronto, Ont.; Harvey W. Reid, Toronto, Ont.; G. V. Fisk, Toronto, Ont.

REPORT

The Housing Committee is pleased to report that your headquarters building at 234 St. George Street, Toronto, is still standing and also adequately serving the purpose for which it was purchased.

In the interval since our last report to this august body, the third floor has been renovated and is now furnishing additional space for the use of the administrative staff.

OBERVATIONS:

- 1. You will be pleased to note that with income provided by a *very reasonable* scale of rental fee that our budget continues to show a small surplus.
- 2. The Journal Editor is now comfortably housed within our own centre.
- 3. All grants received from corporate members are immediately transferred to reserve fund, *not of the Housing Committee*, but of the C.D.A.
- 4. Your committee is most desirous to complete our original commitment and to reimburse the reserve fund of the C.D.A. to the extent of the unpaid balance of \$13,000.00, and we would graciously suggest to the corporate members that they do not lower their sights until this obligation is consummated.
- 5. The Housing Committee is hopeful of continuing to make a grant of \$500.00 annually, from its surplus income.
- 6. The financial statement for 1953 will be found in the Auditor's Statement.
- 7. The Budget for 1955 is attached as Appendix A.

Appendix A

BUDGET
HOUSING COMMITTEE
1955

	Adjusted 1954 Budget	1955 Budget
Revenue		
Grants		
New Brunswick	\$ 500.00	
Quebec	1,000.00	\$1,000.00
Rentals	5,556.00	5,556.00
Totals	\$7,056.00	\$6,556.00

Disbursements

Repairs and Maintenance	\$1,000.00	\$1,000.00
Alterations to Building		500.00
Furnishings and Equipment	500.00	300.00
Taxes	750.00	750.00
Janitor	650.00	700.00
Heat	600.00	500.00
Gas and Water	350.00	400.00
Light	400.00	400.00
Insurance	265.00	250.00
Audit	60.00	60.00
General Expenses	100.00	100.00
Transfer to Reserve	2,000.00	1,500.00
Totals	\$6,675.00	\$6,460.00
Surplus	381.00	96.00

BUDGET COMMENT

1. New Brunswick has now completed the agreed amount of \$2,000.00 to the Housing Fund. The last payment of \$500.00 was made in March, 1954.

2. In keeping with the policy agreed upon, monies received during the year through provincial grants are transferred to the Reserve Fund. The \$1,500.00 received from this source during 1953 has been so transferred. The 1954 budget provided for the transfer to reserve of \$500.00 which has now been transferred. The 1954 budget has been adjusted accordingly.

3. By this action the loan receivable from the Housing Fund as contained under Assets in the Balance Sheet of the Auditors' Statement for the year ending December 31st, 1953, is reduced from \$15,000.00 to \$13,000.00 as of this date.

4. Under the agreements with the provinces respecting grants to the Housing Fund, the full amounts have been paid, with the exception of Quebec. Under the agreement with this province, payments of \$1,000.00 per year may be anticipated for the years 1954, 1955 and 1956.

COMMENT AND ACTION

We wish to favourably comment on the foresight of the Housing Committee for purchasing and renovating the property known as Canadian Dental Association Headquarters. Cost today would be at least double. Your Chairman on this report, although quite frequently in the building, made a tour of the building with our Secretary, the condition of the building and its cleanliness are excellent.

HOUSING

The third floor was renovated and rearranged during the past year to make better use of the space. This gave the janitor self-contained living quarters and made available two rooms for the use of the Association.

1. We observe that similar quarters in an office building would demand much higher rents. The rents charged are relatively quite low.
2. We note with approval that the Editor of the Journal has been provided with functionable and comfortable quarters, which facilitate his work within the headquarters building.

3. We note with approval the emphasis indicated in this paragraph.

The thought here is that if the Corporate Bodies wish to make further grants to the Housing Fund, these grants would be transferred to the C.D.A. reserve fund to reduce the \$13,000 balance still owing.

4. This paragraph was discussed and we commend the Housing Committee on their attitude that they feel it is their duty to consummate the agreement and that the loan from the reserve fund be repaid as soon as possible.
5. We agreed with the desire of the Housing Committee to make grant of \$500.00 annually from its surplus income to C.D.A. reserve fund.
6. We have examined the Auditors' Statement and commend the Committee on the supervising of the finances of the Housing Fund.
7. The Budget was studied and approved. Comments on Budget were noted. We recommend the adoption of the Report.

APPROVED

LIBRARY TRUSTEES: T. H. Graham, Chairman, Toronto, Ont.; A. J. Coughlan, Saint John, N.B.; Don W. Gullett, Toronto, Ont.

REPORT

1. During the year, extra shelf space has been provided for the library in the Editor's Office. Reference books and bound volumes of journals have been placed on these shelves, providing required room for texts on the library shelves.
2. Some 222 volumes have been added to the library since the last Annual Meeting.
3. Circulation has had a gradual increase. It is gratifying to observe that books have been loaned to members in all provinces for practically every month of the year.
4. As stated in previous reports, the purchase of books is made from the Library Trust Fund. Donations to this fund during the year 1953 amounted to \$1,040.15. As of July 31st, the sum of \$44.00 had been received for 1954. Monies received for this fund are deductible for income tax purposes. Administration expenses of the library are chargeable to the Association.
5. Through the indexing of pamphlets and source matter the library has rapidly become a reference source for not only association activities but for other agencies as well.

COMMENT AND ACTION

We note with interest the growth of the Library, increase in circulation and improved facilities for accommodation of books and journals.

We wish to draw to your attention the worthiness of financial support to the Library Trust Fund, on which the success of the Library depends.

We recommend the adoption of the Report of the Library.

APPROVED

MEMBERS OF COMMITTEE ON ETHICS: J. D. McLean, Chairman, Halifax, N.S.; J. P. McGuigan, Halifax, N.S.; Selby Wetmore, Saint John, N.B.; H. S. Crosby, Halifax, N.S.; H. N. B. Beach, Ottawa, Ont.

REPORT

1. As formal meetings of this Committee are not feasible, the chairman has endeavoured to meet with the members individually. Otherwise the business has been conducted by correspondence.

Section 34 in the 1953 Report of the President:

2. (a) This section was referred to the Council on Dental Education and this Committee.

(b) We concur with the author that "there is a tendency—to a mentality and attitude which reveals plenty of materialism". Whether this attitude is much more prevalent amongst the younger generation is open to question. The significant point is that the tendency exists, and is not diminishing. Surely it is to be condemned both in the interest of the public and the profession! It is quite right that in order to provide an equitable living standard for himself and his family, a dentist must receive reasonable remuneration for services, but Dentistry is not a business, and therefore the professional man must base his fees upon a fair return for services, which would permit such a standard of living, and not upon the extent of the demand for his services.

3. Another point arises from this section which is inextricably linked with the two committees, is the subject of practising our profession in an honourable and socially useful manner. This has at least three aspects:

(a) The rendering of service in the active treatment of disease in such a way as to serve the best interests of the patient.

(b) The rendering of service by patient education in the important field of prevention.

(c) In the further contribution to the life and welfare of the community by active participation in social activities.

4. We should like to comment on the last point. In past generations the great esteem and respect with which professional men were regarded in their communities was derived not only from a respect for skill and knowledge in their particular field, but also, and in a large measure, from their particular interest and contribution to the welfare of the community as a whole. Today, criticism is heard that we dentists as individuals do not take part to an expected degree in the general activities of the community. These ideas are not new, and have been stated by others previously; but it is a certainty that unless a great many more, if not all of us, are prepared to offer real assistance, if not leadership to our own community life, then we must be prepared to

forfeit the standing of true professionals. Surely the basic qualifications for entrance into the profession ensure the ability to give assistance and leadership to community enterprises.

5. Perhaps our schools are in part to blame for this situation? If so, we cannot be too harsh in our criticism, for they have been faced with a great problem in trying to keep pace with and integrate a rapidly expanding professional knowledge. There is a feeling that educators should foster a continuing general education throughout the professional years of university life. Of course, the problem of encouraging wider interest is not so simply solved as by implementing some such plan, but it may prove to be part of the solution. In any case, the Canadian dental schools and our Council have been giving thought to a further development in this field. We believe, as yet, a satisfactory solution has not been reached.

Preparation of Articles for General Press:

6. During the year, your committee was asked to express an opinion on the conditions under which a member of the profession could ethically prepare articles on dental health for the newspapers, and at the same time receive remuneration for the necessary time and preparatory work.

7. In one sense a parallel may be drawn with the situation where a member of the profession is asked to prepare papers for the dissemination of his knowledge amongst his confreres. If a man is asked to prepare the occasional paper for delivery or publication, he has a professional responsibility to do so without any financial reward. On the other hand, if he is asked to do a series of sufficient length and frequency, as in the case of some part time University lecturers or Journal editors, and the amount of work involved is such as to seriously interfere with his means of livelihood, then he reasonably might expect some financial return.

8. In answer to the query, the following statement was submitted:

(a) "In harmony with the declared responsibility of the profession as presented in "A Guide to Professional Conduct" (Sec. VIII para. (B)), the Committee on Ethics would recommend that the Association endorse the policy of submitting articles on dental health to various newspapers and magazines, provided such articles have the prior approval or are submitted on behalf of a recognized dental organization (body).

(b) "It should be understood that while such articles may be prepared by a member of the profession, who for so doing reasonably may expect to receive a modest remuneration for the time and work involved, they must be offered in such a manner to avoid personal publicity for the author. This would mean that where the articles are published for circulation primarily in areas other than the author's residence and place of practice, there would be no objection to his name appearing in a modest by-line. In general, accompanying photographs of the author are not considered suitable."

ETHICS

New Brunswick Dental Society Code of Ethics:

9. A copy of the revised Regulations and By-laws of the New Brunswick Dental Society was submitted to this Committee. The section on Professional Ethics was studied and found to be in harmony with the statement and interpretation of our own Code.

National Dental Examining Board

10. It is understood that the National Dental Examining Board now requires candidates to read and subscribe to the Code of Ethics of the C.D.A. We would commend them for this action. It is suggested that the candidates study not only the Code, but its interpretation as outlined in the publication "A Guide to Professional Conduct."

Post Operative Responsibility

11. Criticism of the occasional member of the profession who fails to accept responsibility for post-operative difficulty, particularly following tooth removal, has been expressed to this Committee. This is not a new subject. It has been raised on previous occasions by other Committees. While we believe that it is not a common practice, complaints have come from various sections of the country.

12. The specific complaint is of a practitioner who refuses to see one of his patients in difficulty following tooth removal, referring him instead to a medical practitioner. The least responsibility to the patient was to have seen him and if it was found that the condition was beyond a dentist's capacity to control, then the case should have been referred, not before.

13. It is difficult to understand how a member of the profession conducting himself in such a fashion can reconcile this attitude with the acceptance of the rights and privileges of a profession.

Printing of the Decisions of this Committee:

14. At a recent meeting, the Executive ruled that in future decisions made by the Ethics Committee should be printed in the Journal at the time they are made.

COMMENT AND ACTION

1. - 2. Concur with the lack of professional responsibility, e.g., giving of free time where indicated for hospital service, etc.
3. - 4. We would urge every dentist, when possible, to take an active interest in the different phases of community affairs.
5. Agree.
- 6., 7., & 8. We agree with this method of handling articles for publication.
9. - 10. Commend and approve.

- 11., 12., & 13. The failure of a dentist to assume his full post operative responsibilities to his patient constitutes a breach of professional conduct, and warrants disciplinary action by the legal body of his province. We recommend that regional investigating officers be appointed.
14. Agreed.

We recommend the adoption of this report.

APPROVED

MEMBERS OF NOMENCLATURE COMMITTEE: W. J. Dunn, Chairman, Toronto, Ont.; G. H. W. Lucas, Toronto, Ont.; F. E. L. Priestly, Toronto, Ont.; R. J. Getty, Toronto, Ont.; G. de Montigny, Montreal, P.Q.; H. A. Hunter, Thornhill, Ont.

REPORT

1. The Committee on Nomenclature has effected only a very rudimentary study of the problems in dental nomenclature. As far as could be ascertained from previous Transactions, no report of this committee has been presented for several years. It was therefore thought expedient to pursue only a few of the basic considerations associated with this broad field. The committee assigned itself the responsibility of suggesting a suitable source of reference for meanings and spellings of common words, a policy for the selection of dental terms in respect to word derivations, and a standardized terminology for the various specialties or branches of dentistry.

2. It is recommended that the New Oxford dictionary be retained as the dictionary source of reference. This dictionary allows considerable latitude and is the standard source of reference for general publications throughout our country.

3. As a basic principle in the development of dental terms, a mixture of two languages in the word derivation should be avoided. One common exception is the term "radiodontics" which is derived from both Latin and Greek roots. There is another pitfall to be avoided—the use of a double negative word. It seems unnecessary to use a double negative in order to arrive at a positive termination. The committee is also aware of the common practice of naming some abnormal condition, based on its apparent aetiology, only to find in the course of time the term becomes obsolescent through a better understanding or a different classification. Therefore great care should be exercised before deciding upon a definite terminology.

4. There is a need for distinction between the endings "ics" and "ology". The formation of words with suffixes "ology" and "ics" and a root derived from the Greek is a well-established practice. It seems unnecessary, however, to make use of both suffixes unless a special kind of distinction is to be made. The words "physics" and "mathematics" for example, serve for both the practice and the study of these sciences; one does not practise "physics" but teach "physiology". The word "ology" would suggest a special kind of study of the history of the science or of theories of the nature of the science, and so on. Thus "musicology" is neither the study of music nor the practice of it, but the study of the history of music, of musical texts and textual problems, and such matters. A journal devoted to articles about "periodontics" is thus to be distinguished from a journal of "periodontology"; it is really a journal of periodontics—a journal devoted to the study of a particular branch of science, not to the study of its history, or its methodology.

5. The committee would suggest that the root of a word denoting one of the branches of dentistry should be used in conjunction with the term "odontics" as often as possible. In respect to certain terms it is felt to be unwise to change from the common English expression to a more obscure term associated with an ancient language. Thus, keeping in mind these two considerations, the following terms are recommended for standardized use in Canadian dental writings: Dental Oral Surgery, Periodontics, Orthodontics, Radiodontics, Prosthodontics, Paedodontics, Endodontics, Preventive Dentistry, and Dental Public Health.

6. Dental Public Health is suggested rather than Public Dental Health. The first term suggests a concern with the dental aspects of public health; that is, with dental health as a necessary part of the broad concept of public health. The second term suggests a concern with the dental health of the community, not as one important aspect of the general health, but as a sole consideration. Dental Public Health would seem to be preferable as a description of the profession's real concern.

7. The end results of the efforts of any committee on Nomenclature, if time and finances were of little import, would be the development of a dental dictionary. It takes but little cogitation to envision the magnitude of such a proposal. This course of action is impossible when consideration is given to the personnel and financial means which are available. It is questionable whether or not this committee should be expected to report on an annual basis. It would seem preferable for the committee to maintain a watching brief over new developments in dental nomenclature and give advice upon request to interested parties when problems of terminology arise, rather than attempt to report on a smattering of terms chosen with no specific end result in mind.

COMMENT AND ACTION

1. We commend the Committee for defining their area of study.
2. Agreed.
3. We are in accord with the necessity for great care in the selection of dental terminology.
4. Noted.
5. We endorse the recommended terms.
6. Agreed.
7. We feel confident that the Committee will exercise vigilance over new developments in dental nomenclature and will keep the Board of Governors informed respecting them.

We commend the Committee, particularly the non-dental members, for their sustained interest in this important area.

NOMENCLATURE

We wish to thank and compliment the Committee for the excellence of their report and recommend its adoption.

APPROVED

RESOLUTION RE ORAL SURGERY

Whereas, the surgical treatment of abnormal and pathological conditions in and about the oral cavity has, by more advanced training in our Universities and Hospitals, become a much broader field, and

Whereas, the term "oral surgery" to define such a practice is in general use, in Canada and the United States, therefore be it,

Resolved, that the Canadian Dental Association adopt the term "Oral Surgery" as the connotation of the said practice.

APPROVED

MEMBERS OF PUBLIC RELATIONS COMMITTEE: L. M. Grose, Chairman, Toronto, Ont.; Harry S. Thomson, Aberfoyle, Ont.; H. E. Leyland, Toronto, Ont.; W. W. Breslin, Toronto, Ont.; H. R. Skilling, Toronto, Ont.; J. Gordon Chalmers, Toronto, Ont.

REPORT

The Public Relations Committee presents herewith a report of activities for the year 1953-54.

1. The first meeting of the new Committee was held at Canadian Dental Association Headquarters, November 12, 1953. This being a somewhat shorter term than last year, your Committee was anxious to establish its activities at the earliest possible date. Several projects were discussed and it was decided

(a) That a Public Relations letter, similar in form to last year's letter, be sent out to the members.

(b) That a list of questions suitable for a panel discussion on Organized Dentistry in Canada be prepared.

(c) That information packets, containing suitable address subject matter, respecting Dentistry for use at Service Clubs and various public meetings be prepared.

(d) That a radio or TV program be developed.

2. QUESTIONS FOR PANEL DISCUSSIONS:

A member of the Public Relations Committee and President of the West Toronto Dental Society, Dr. H. E. Leyland, included in his program of monthly meetings a panel discussion on Organized Dentistry in Canada. The questions were designed to be of educational value to the members and the meeting proved to be very interesting. A copy of the questions was distributed to the members present and the members were encouraged to ask other questions not included in the list.

The Public Relations Committee was of the opinion that local Dental Societies across Canada should be encouraged to include in their program for next year, a meeting of this type.

List of questions will be distributed to local Dental Societies during the month of September and are attached to this report as Appendix "A".

3. REPORT OF TV PROGRAM:

Arrangements were made with the CBC-TV to participate in a program known as "Press Conference". It was agreed that Dr. Don W. Gullett would act on behalf of the profession. Fluoridation was the subject of presentation and Dr. Gullett is to be commended for his efforts on this particular program. The comments received following the telecast were very favourable.

PUBLIC RELATIONS

4. MAGAZINE ARTICLES:

There have been very few magazine articles in Canadian publications since the Annual Meeting. HEALTH magazine, published by the Health League of Canada, carries an article on Dentistry in each issue.

As the publication of the Health League of Canada entitled, HEALTH, occupies a most important place in the Health education field and serves an important need, the Public Relations Committee has given official approval to this publication and recommends it to the members of the Canadian Dental Association. Also, that members of the profession be encouraged to subscribe to "Health" magazine for use in reception rooms.

At the final meeting of the Committee, held on June 24th, Dr. W. K. Shultis, on behalf of the Orthodontic Section of the Canadian Dental Association, presented an outline of an article which will appear in the September issue of the "Canadian Home Journal". The article explains the advantages of Orthodontics and its value to the child, and is factual and well written.

The Orthodontic Section asked for approval of the article and for financial assistance in providing reprints for distribution to members of the profession across Canada. It was agreed that the article as presented was worthy of support and financial assistance respecting the reprints was granted.

5. PUBLIC RELATIONS LETTER:

The Committee was of the opinion that a letter similar in form to that sent out to the membership last year, be prepared for circulation this year. It was decided that the title of the letter be, "The Dentist's Responsibility to the Patient". The content of the letter to be based on the considerable number of actual happenings in dental offices and knowledge of the resulting influence on the public mind in each case.

A record of readership was not taken this year, but many favourable comments have been received. There were no unfavourable comments received.

Our President, Dr. A. J. Coughlan, suggested that these articles be read and discussed at local dental meetings. This would most certainly bring the facts to the attention of the members and in our opinion merits support.

Letter is on file.

6. PRESS CLIPPINGS:

Due to the large number of daily newspapers in Montreal, (English and French) and the splendid cooperation of the reporters, Canadian Press and British United Press, a favourable result was achieved in coverage of the Annual Meeting. Another factor of course, was the controversial subject of fluoridation. More press clippings were received on this item than on any other.

Dr. R. F. Harvey, Chairman of Publicity for the scientific part of the program was most cooperative, and had made excellent arrangements with the Press. The large number of clippings received at Headquarters, with respect to the Essayists and Clinicians, was due to his efforts.

A total of more than 400 clippings arising from the Annual Meeting have been received and there were probably many more carried by Canadian daily and weekly newspapers not recorded.

The news clippings have been assembled in a scrap book and are on file.

The clippings have also been valued at rates charged for advertisements in the various newspapers (See Appendix B). Reader items are usually regarded as double the value of display rates and editorials, of which there were several, at four times the display value. The value of these clippings at display rates, totals more than \$4,700.00 and in our opinion proves, beyond doubt, that Canadian newspapers will cooperate and carry the type of reader items of interest to the public.

At the Montreal Meeting it was suggested that a percentage breakdown in press clippings be made as to favourable or otherwise. It is our opinion that 90% were favourable, the remaining 10% were for the most part in opposition to fluoridation.

A breakdown of the press clippings; value of publicity in each province; and lineage, rate, and estimated cost of publicity in each newspaper may be found attached to this report as Appendix B.

7. INFORMATION PACKETS:

There has been a great demand from members for address subject matter on several subjects for use at Service Clubs and various public meetings, usually with very short notice.

It was suggested that packets should include an outline for an address and pamphlets containing the information to fill in the subject matter. Packets on such subjects as Fluoridation, Dentistry as a Career, Research in Dentistry, Dental Public Health, etc., will be prepared and the program further developed. These packets will be made available to those making requests through the Library Service.

Sample packet is on file.

8. DISTRIBUTION OF PRESS RELEASES:

Requests have been received for material suitable for press releases, to be used in the press, or by radio or any other media as may be of value.

In response to this request, some thirty releases, on subjects respecting various phases of Dentistry, have been prepared and distributed to the Chairmen of all Provincial Public Relations Committees.

A copy of the above releases is on file.

9. RECOMMENDATIONS:

1. That the personnel of the Committee be increased from six to eight members.

PUBLIC RELATIONS

2. That radio and TV programs be continued and expanded.
3. That the amount provided in the Budget for the Public Relations Committee be \$1,250.00

10. As chairman of the Public Relations Committee for 1953-54, I wish to take this opportunity of thanking the members of the Committee for their very generous support during the past year. Their cooperation has made my task easier and any credit due this committee is theirs.

May I, also, express appreciation to the many members who have given valuable suggestions and encouragement during my term of office.

Appendix A

REPORT OF SUB-COMMITTEE RE QUESTIONS FOR PANEL DISCUSSION

1. Canadian Dental Association Headquarters—
 - (a) What prompted establishment of new building?
 - (b) How was it financed?
2. What is meant by term—a corporate member?
3. What is the difference between professional relations and public relations?
4. What protection is provided for a member of the profession in the event of legal action?
5. Could the National Health Insurance Act of Britain be applied in Canada?
6. Is there a retirement income plan available for members of the dental profession in Canada?
7. Canadian Dental Association Board of Governors—
 - (a) Who are the members?
 - (b) Are they elected or appointed and for how long?
8. Licentiate fees—
 - (a) How is it established?
 - (b) How is it used?
9. How is the Canadian Dental Association financed?
Where are the funds?
10. Canadian Dental Association Journal—
 - (a) How is it financed?
 - (b) How is the Editorial Policy established?
11. How does the Canadian Dental Association support Research?
12. Have I any voice in Canadian Dental Affairs?
How and When can I be heard?
13. Where does Canadian Dentistry stand in relation to world dental affairs?

PRESS CLIPPINGS re ANNUAL MEETING
MONTREAL—OCT. 14, 1953

1. Announcement re Board of Governors Meeting:	
Montreal papers	15
Other Canadian papers	11
2. Health Insurance Interview—H. W. Reid	
Montreal papers	4
Other Canadian papers	27
3. Millions needed for Dental Schools—G. Ratte	
Montreal papers	4
Other Canadian papers	9
4. New President	
Montreal papers	8
Other Canadian papers	9
5. New Officers	
Montreal papers	3
Other Canadian papers	3
6. Awards to Students	
Montreal papers	4
Other Canadian papers	1
7. Honorary Memberships	
Montreal papers	9
Other Canadian papers	—
8. Dr. Fisk's Interview on Orthodontics	
Montreal papers	5
Other Canadian papers	1
9. Dr. H. Hillenbrand's Interview	
Montreal papers	7
Other Canadian papers	11
10. Pictures	
Montreal papers	21
Other Canadian papers	4
11. Fluoridation	
Montreal papers	9
Other Canadian papers	67
12. Research—Macdonald & Brown	
Montreal papers	3
Other Canadian papers	5

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SCIENTIFIC PROGRAM
MONTREAL—OCT. 18-21, 1953

1. Atomic Dental Research		
Montreal papers	8	
Other Canadian papers	3	
2. Art Exhibit		
Montreal papers	2	
Other Canadian papers	—	
3. Clinics at University of Montreal		
Montreal papers	4	
Other Canadian papers	3	
4. Social Activities		
Montreal papers	20	
Other Canadian papers	2	
5. In French papers re Annual Meeting		
.....	62	
6. Oral Surgeons new group		
Montreal papers	3	
Other Canadian papers	3	
7. Dental Nurses		
Montreal papers	12	
Other Canadian papers	4	
8. Miscellaneous items		
Montreal papers	14	
Other Canadian papers	12	
9. National Examining Board		
Montreal papers	4	
Other Canadian papers	12	
10. Dr. E. E. M. Hallett's interview		
Montreal papers	4	
Other Canadian papers	7	

Appendix B

VALUE OF PRESS CLIPPINGS AS TO PROVINCES

Province	No. of Newspapers	Value
1. British Columbia	2	\$ 72.35
2. Alberta	5	92.10
3. Saskatchewan	3	39.42

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4. Manitoba	1	3.40
5. Ontario	40	1,284.90
6. Quebec	15	2,975.88
7. New Brunswick	3	143.40
8. Nova Scotia	5	54.53
9. Prince Edward Island	1	25.20
10. Newfoundland	2	10.99
	77	\$4,702.20

Appendix B

PUBLICITY IN CANADIAN NEWSPAPERS RE '53 MEETING

	Lines	Rate	Cost
Beauceville Le Flambeau 2½"	35	.05	\$ 1.75
Brantford Expositor 51"	714	.10	71.40
Calgary Herald 14"	196	.20	39.20
Calgary Albertan 15¼"	213	.14	29.82
Charlottetown Guardian 18"	252	.10	25.20
Chatham News 9½"	133	.08	10.64
Cardinal News 9½"	133	.03	3.99
Cobourg Sentinel Star 1¾"	24	.06	1.44
Cornerbrook Nfld. Newterm Star 4½"	63	.05	3.15
Cornwall Standard Freeholder 5¾"	80	.08	6.40
L'Etoile de Cornwall 6"	84	.05	4.20
Edmonton Journal 6"	84	.24	20.16
Fort William Times 7½"	105	.08	8.40
Galt Reporter 8¾"	122	.07	8.54
Guelph Mercury 7½"	105	.08	8.40
Hamilton Spectator 41"	574	.24	137.76
Hanover Post 12"	168	.04	6.72
Halifax Chronicle Herald 5½"	77	.30	23.10
Kingston Can. Register 3½"	49	.25	12.25
Kirkland Lake News 8"	112	.06	6.72
Kitchener Waterloo Record 17¾"	248	.11	27.28
London Free Press 42½"	595	.27	160.65
Lindsay Post 5"	70	.04	2.80
Moose Jaw Times 6"	84	.07	5.88
Moncton Times 12½"	175	.12	21.00
Montreal Gazette 214¾"	3006	.20	601.20
Montreal Star 161"	2254	.38	856.50
Montreal Monitor 63¾"	892	.11	98.12

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	Lines	Rate	Cost
Montreal La Presse 110"	1540	.55	847.00
Montreal La Patrie 78¾"	1102	.10	110.20
Montreal Herald 120"	1680	.15	252.00
Montreal Le Devoir 6½"	91	.12	10.92
Montreal Le Canada 6"	84	.12	10.08
Niagara Falls Review 4½"	63	.09	5.67
New Glasgow News 13"	182	.08	14.56
New Westminster British Columbian 30½"	427	.11	46.97
North Bay Nuggett 11½"	161	.09	14.49
Ottawa Citizen 5"	70	.20	14.00
Ottawa Journal 24"	336	.20	67.20
Ottawa Farm Journal 8"	112	.14	15.68
Ottawa Le Droit 6¼"	87	.13	11.31
Orillia News Letter 17"	238	.45	10.71
Prescott Journal 9½"	133	.04	5.32
Port Arthur News Chronicle 4¾"	66	.08	5.28
Peterborough Examiner 15¾"	220	.11	24.20
Quebec L'Action Catholique 7½"	105	.22	23.10
Quebec Le Soleil 15½"	217	.33	71.61
Quebec Chronicle Telegraph 15½"	217	.08	17.36
Red Deer Advocate 2"	28	.07	1.96
St. Hyacinthe Le Clairon 18"	252	.06	15.12
St. Catharines Standard 3¾"	52	.10	5.20
St. Thomas Times Journal 2½"	35	.08	2.80
St. John Times Globe 7¾"	108	.20	21.60
St. John Telegraph-Journal 36"	504	.20	100.80
St. Johns Nfld. News 7"	98	.08	7.84
Sarnia Canadian Observer 7½"	105	.08	8.40
Sault Ste. Marie Star 2¼"	31	.08	2.48
Sudbury Star 5"	70	.12	8.40
Sydney Post-Record 5½"	77	.13	10.01
Saskatoon Star 14¾"	206	.14	28.84
Stratford Beacon Herald 7½"	105	.08	8.40
Taber Times 1¾"	24	.04	.96
Toronto Globe & Mail 42¼"	591	.60	354.60
Toronto Star 7"	99	.65	64.35
Toronto Telegram 21"	294	.55	161.70
Trenton Courier 6½"	91	.05	4.55
Tillsonburg News 8"	112	.06	6.72
Verdun Messenger 9½"	133	.15	19.95
Victoria Times 6¾"	94	.27	25.38
Westmount Examiner 32½"	455	.09	40.95
Winnipeg Tribune 1¼"	17	.20	3.40
Woodstock Ingersoll Sentinel-Review 6"	84	.07	5.88

PUBLIC RELATIONS

	Lines	Rate	Cost
Wolfville Acadian 3½"	49	.04	1.96
Weyburn Review 6¾"	94	.05	4.70
Yarmouth Light 7"	98	.05	4.90
Total			\$4,702.20

COMMENT AND ACTION

1. (a), (b), (c) & (d). We commend the Committee for the fine programme of the past year. We consider this an excellent public relations development which is producing fine results.
2. The Public Relations Committee is to be congratulated on stimulating this idea in its programme.
 - (a) We recommend panel discussions on "Organized Dentistry in Canada" to local societies as a means of informing their members.
 - (b) We suggest that questions relating to panel discussions should be adapted to suit local conditions.
 - (c) We recommend that the Public Relations Committee prepare outline answers to a series of questions suitable for panel discussions.
3. We endorse such a programme and would suggest using TV and Radio facilities whenever possible.
4. We commend the Committee's action.
5. We believe this to be an effective means of informing our members that there is a professional responsibility that cannot be regarded lightly. We recommend:—
That this practice of public relations be an annual part of the Committee's activities.
6. The Chairman and his Committee are to be congratulated on the excellent appraisal of press clippings. Such analyses provide a sound basis of assessment in press public relations.
7. Agreed—an excellent idea.
8. We feel this is an important aspect of public relations and would suggest that it be developed as fully as possible.
9.
 1. Agreed.
 2. Agreed.
 3. Agreed—We urge favourable consideration by the Finance Committee.
10. We are aware of the great amount of work the Committee has done in public relations and we congratulate the Chairman and his Committee on an excellent year's work. To the Chairman, who has guided this Committee through several years, may we say 'thank you'.
We recommend the adoption of the Report of the Committee on Public Relations.

APPROVED

WAR MEMORIAL AWARD

MEMBERS OF WAR MEMORIAL AWARD COMMITTEE: W. F. Walford, Chairman, Montreal, P.Q.; Roger Charette, Montreal, P.Q.; A. M. Hord, Toronto, Ont.; Howard Boyles, Montreal, P.Q.; O. Hebert, Montreal, P.Q.

REPORT

1. Entries were received from all the Canadian Universities with the exception of Dalhousie. As in previous years, the general standard was excellent, but one unfortunate thing became more noticeable than ever before, namely, the submission by the Universities of essays which did not comply with the regulations. Two of the finest essays contained more than twice the maximum allowance of words. This obviously meant their exclusion from the competition, as it is obviously much easier to express a thought verbosely rather than concisely.

2. The winners this year were:

Dr. John H. Weber—University of Toronto

Dr. Wm. P. Hanna—University of Alberta

3. The Committee has no suggestions to make for alteration of the conditions of the competition, nor for budgetary allotment which is more than adequate.

4. With the permission of the executive, this Committee would like to send copies of this report, where it refers to the competition, to the Deans of the Universities, so that no ineligible essays will be submitted in future.

5. The title for the competition for 1954-55, has been announced as follows:
“The Importance of the Study of Occlusion to the Practice of Dentistry”.

COMMENT AND ACTION

1. (a) We commend the War Memorial Award Committee for its adherence to the regulations governing the War Memorial Scholarship.

(b) We note with regret that no essay was submitted for the 1953-1954 competition by one dental school and urge that the dental schools intensify their efforts to encourage students to prepare essays on the subject announced. However, it should be understood that local selection committees in the dental schools retain the authority to submit essays only when they are worthy of submission.

2. We congratulate the winners of the 1953-1954 competition.

3. Agreed.

4. It is recommended that copies of both the Report of the Committee and action taken at this meeting be forwarded to the five Canadian Dental Schools for their information and guidance.

We recommend the adoption of the Report of the War Memorial Award Committee.

APPROVED

MEMBERS OF AUXILIARY SERVICES COMMITTEE: R. A. Rooney, Chairman, Edmonton, Alta.; H. R. MacLean, Edmonton, Alta.; A. M. Revell, Edmonton, Alta.

REPORT

1. Following the failure of the British Columbia Dental Technicians' Society (the organized illegal labs), in 1953, to attain permissive legislation for them to make dentures directly for the public, it was generally assumed that they would direct their efforts towards an attempt to get some legislation following the general pattern of that in Alberta whereby, under Health Act regulations, there is a peculiar association between dentist and dental mechanic in effect since 1933.

2. Support for this expectation and for the efforts of the illegal labs came rather unexpectedly during 1953, from a convention of the Social Credit League of British Columbia, when the following resolution was endorsed: resolved that "the legislature pass an act at the next session of the legislature whereby duly qualified technicians may be permitted to sell dentures direct to the general public in all cases where impressions for such dentures have been taken by duly qualified dentists." There was no definition of "duly qualified technicians" and the word "sell" indicates the attitude of a lot of people to denture service. This is further emphasized by the phrase indicating that the impressions are the only intra-oral service of particular importance. This idea is carefully fostered by the illicit outfits since it detracts attention from the other intra-oral procedures which they wish to and do attend to themselves.

3. However, during the session of the British Columbia legislature in 1953, an organizer for the American Federation of Labor went into British Columbia from the western States and organized Dental Technicians Branch No. 511 of the International Chemical Workers' Union in which the illicit members predominated in numbers and held most of the offices; however, they did not succeed in enrolling a majority of the technicians in the area. The appeal for unionization was on the basis of increased wages for employees of all labs, if the Union got a majority control. Apparently with the thought that they might gain greater strength by an appeal to the employees of the ethical labs, the organizers arranged a change in the executive so that the president, vice-president and secretary were elected from amongst that group, though it appears that the majority of members were still from the illicit group.

4. Following this reorganization, the new executive of the Union and the organizer interviewed the executive of the Council of the British Columbia College, arguing that by means of examinations and classification of mechanics a strong union could put the illicit labs out of business and urged the Council to put some pressure on the ethical lab owners to encourage their employees to join. However, the Council found that the ethical men were violently opposed to having anything to do with the Union because of the large number

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of illegal mechanics who belonged and probably fearing, too, the possibility that wages of employees might be forced up.

5. Whether this unionization of mechanics threw a monkey-wrench into the hopes of the illegal operators for legislative recognition is not too clear, though it may be surmised; but, in any case, no further attempts were made by them to obtain such legislation. It may be that by counselling delay, the Union hoped to enlist more employees from the legitimate labs to make a stronger organization.

6. It could be, too, that the Government, having referred the mechanics' first proposals to the Private Bills Committee and having got an adverse report on the grounds that such legislation would not be in the public interest, may have discouraged any further approach along such lines. The Government itself has a bare majority and it might be that it had some fear of a controversy where the party lines might not hold strong enough and where the Government itself might be weakened, even though only in committee, to make such a proposition distinctly a hot potato. This is, of course, only conjecture but seems reasonable.

7. On occasion, the Alberta Association has been criticized by other dental bodies across the country for not making a more decisive effort to have the objectionable dentist-mechanic relationship under clauses in the Public Health Act rescinded. The Alberta Board has tried on every possible occasion to have this done, as has been reported previously. There has been support from individual members of the Executive Council but always coupled with advice to leave things alone because there might be a danger of getting something worse if it ever got to the Government party caucus or to Committee of the whole. The Board has always accepted this advice at its face value, being well aware of the general public attitude.

8. Recently there has been an indication from members of the Government that they would like to see this legislation eliminated. This, though, was coupled with the information, already well known to the Alberta Board, that there was a small but extremely vociferous group in the Government party which is violently opposed to the professions in general and which would undoubtedly go all out to retain the present regulations or even to extend them to the proposals of the Social Credit Convention in British Columbia. With these possibilities in the background, the Alberta Board proposes to present a brief to the Government at some suitable time in the near future in order to test the attitude of the Government itself in any effort to better the existing problem. The situation can only be described as a hope, maybe even wishful thinking.

9. In Saskatchewan, the Minister of Health was quoted this spring in press reports as saying that he proposed bringing in a couple of New Zealand dental nurses for work in Health Units and, if the experiment was successful, to help train other girls to provide treatment service for children in the various

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health centres in the province. Later, the Minister claimed to have been misquoted and said that he did not make any statement so positive, but rather that the suggestion had been made first by officials from the Department of National Health in Ottawa for consideration by the provincial Health Departments of Manitoba and Saskatchewan.

10. This proposal was touched off by the fact that the Saskatchewan Department, in organizing its dental divisions of the Health Units, had started an elaborate treatment service for children which could not be maintained because of the cost and inability to get or keep enough dentists for the job. This establishment was set up on a political basis and with only casual reference to dental authorities on either a provincial or national basis.

11. The proposal concerning the New Zealand nurses was discussed by the Council of the Saskatchewan College and, peculiarly, information indicates that there was some support for the idea from individuals of the Council but, following a meeting of the Council in April, the plan was forcefully opposed and any support dropped, which appears to end this threat, temporarily at least.

12. During the last session of the legislature, the Manitoba Association presented a bill for certain amendments to the Dental Association Act of the province to enable them to keep a stricter control over illegal practise and also over their own membership, mainly through an added prescription clause and through clauses similar in intent to those of the Ontario Act where the possession of dental equipment in premises other than those of a dentist would be prima facie evidence that dentistry was being practised. There was also a clause relating to forcible entry by warrant from a Justice of the Peace to search any suspected premises. Included also was a proposal that a single act of unlicensed practice constitutes an infraction. Onus of proof as to the use of equipment and the presence of prescriptions, models, etc., was to be upon the person charged. These amendments were all rejected by the Government caucus, though by a very close vote.

13. During the same session, the ethical technicians of Manitoba attempted to obtain regulatory legislation providing for the establishment and control of technicians in the province, drafted along the lines of the Ontario Act. This bill, too, was killed in caucus. Probably the most potent factor in the defeat of both bills was a cleverly drafted letter to all members of the legislature. This letter was a plausible and clever tissue of lies explaining that the practice of dentistry had changed during recent years and now a dentist is no longer capable of designing and making dentures. This emphasizes what this committee has mentioned before, that if the profession really hopes to retain prosthetics as a part of professional service, dentists must pay some attention to the prescriptions and designs sent to labs. This sort of letter is also the mainstay of every group of illegal technicians in both Canada and the States because more often than not no opportunity is given to refute the

arguments before responsible groups or bodies and a statement once made—as Hitler so nicely demonstrated—can have a tremendous impact on loose thinking individuals, especially if there are personal prejudices involved.

14. This attempt by the Manitoba Board to assist in incorporating the competent and ethical technicians, when considered in conjunction with the existing legislation along the same lines in Ontario and Quebec, brings up the question as to whether licensure of technicians is a stronger protection for all the parties involved in prosthetic services—the public, the dentist and the technician—or whether the voluntary plan of accreditation, as endorsed by the American Dental Association and in effect through state and local societies in about half the States, is the more effective method of controlling the illicit outfits. From correspondence with a number of state groups in various parts of the country which accept the accreditation principle and from personal discussions by members of this committee with American dentists, it has been learned that, though endorsed nationally and on a state basis, there is by no means any unanimity of agreement favoring accreditation amongst dental executive groups—in fact, just about as many claim it to be of no use as those who favor it. The weaknesses of the accreditation principle are:

- (1) It must be on a voluntary basis, depending only on a word of mouth agreement;
- (2) Its effectiveness depends on the enthusiasm and energy of state and local executives and these change more or less frequently;
- (3) There can be no enforcement provision except to cut a lab off the accredited list;
- (4) It is claimed in some sections that a considerable number of the accredited labs are using the system to cover their after-hour activities.

15. From the above, it is evident that this arrangement is not by any means as effective as one might be led to believe by its proponents and it has just about as many critics as it has supporters. From what has been learned, it would seem that licensure in the States has still a good deal of support. There is no legislation in any State requiring registration or licensing of technicians.

16. From both correspondence and discussions with opponents of licensure in the United States, it is difficult to get a clear picture of the reasons for their attitude but, in part at least, the following points emerge:

- (1) That it would be the first wedge separating prosthetics from the practice of dentistry;
- (2) That it would establish technicians in a position of security to which they are not entitled by education or training;
- (3) That they would use this position as a lever to get further concessions;
- (4) That accreditation offers all the advantages of licensure without the dangers.

This reasoning does not seem sound in as much as, in practice, accreditation is not doing the job with reference to any one of these four points.

In opposition to the reasoning outlined above, it usually happens that the more security people have in their work, the less likelihood there is of them endangering this security by any act which might weaken their position. 17. On the other side of the picture, we have in Canada two provinces with regulatory legislation for technicians — Ontario and Quebec — as mentioned previously, while two others have attempted, with the support of provincial legal bodies, to attain such legislation and have failed — Alberta quite a few years ago and Manitoba recently. There again we have a division of opinion as to the usefulness of such legislation. Ontario believes that, on the whole, it has had considerable effect in controlling mechanics, while the opinion from Quebec is that it is of very little use and that a system of accreditation, if properly applied, would be more effective.

18. It may be assumed that both the Manitoba and Alberta Boards have discussed this problem thoroughly else they would not have assisted in organizing the presentations made by the competent technicians in those provinces. On the other hand, we have the apathetic attitude of the qualified technicians in all provinces towards any measures to control the illegal mechanics and there is no question but that the latter flourish just about as well under licensure as under accreditation so that neither can be said to be the full answer. However, it seems to be apparent that where licensure is in effect any infraction by an individual not licensed would almost indicate an intent to continue illegal activities, whereas under accreditation no such intent is indicated and certainly penalties that may be imposed under licensure can be heavier and should be more effective than under any voluntary agreement.

19. The Dental Association of Prince Edward Island was successful last year in having a new Act passed and by-laws approved thereunder. This was not available to our Committee in time to include an assessment of it in our 1953 report. It is comprehensive and well arranged legislation with the Council of the Association acting as a disciplinary body.

20. The regulation of dental hygienists is provided under the by-laws which follow pretty much the provisions of other such regulations.

21. Also under the by-laws, provision is made for inspection of dental offices and commercial dental laboratories by representatives appointed by the Council "to remedy unethetical, unsanitary and improper conduct, conditions, practices and procedures". Failure to remedy any alleged improper conditions on the part of a member of the Association shall be deemed improper professional conduct, while, with reference to a commercial technician, a conviction for improper conduct or practices carries a penalty of from \$25.00 to \$100.00 which would appear hardly adequate to act as a deterrent.

22. The situation regarding hygienists has changed very little during the past year. All provinces have provision for the practice of hygienists and all provide for regulation and control, except Alberta, where the Government, as

AUXILIARY SERVICES

reported previously, has declined to date to give the profession control over the operations of another calling.

23. Saskatchewan and Prince Edward Island so far are the only provinces, apparently, which are taking any considerable advantage of the federal grants for public health education for training hygienists for employment by the Department of Health in the Health Units.

24. There is no indication so far that any other Dental School is considering the organization of a course for hygienists, though in some cases representations have been made by provincial bodies urging the establishment of such courses.

25. Your Committee, then, makes the following recommendations:

(1) That the Canadian Dental Association adopt a policy of urging the component provincial legal bodies to enforce the prescription clauses in their Acts or by-laws where such regulations are in force and where not that the provincial legal body be asked to publicize amongst its members the advantages of this system and urge its members to use it on a voluntary basis;

(2) That the Canadian Dental Association impress on its component legal bodies the urgent necessity of having its members report immediately any infraction of the provincial dental practices Act, together with all circumstances in connection therewith;

(3) That the Canadian Dental Association approve the principle of licensure of technicians, provided the proposed legislation is in harmony with ethical dental practice.

(4) That in those provinces where licensure is in effect the provincial legal bodies should discuss with the Technicians Association the advantages of closer cooperation in regulating illegal practices.

This report is submitted for the consideration of this Board by your Committee.

COMMENT AND ACTION

Having studied the excellent presentation of the Auxiliary Services Committee, we would point out that it constitutes a part of a continuous report on the ever present problems connected with the auxiliary services and as such should be studied by all interested in conjunction with earlier reports.

1. to 13. These paragraphs are richly informative.

14. - 18. These paragraphs afford a good analysis of the licensure-accreditation problem.

19. - 24. Informative.

25. We agree with recommendations.

The Committee is to be commended for the extensive examination they have made of the Auxiliary Services and the problems associated therewith and we hereby recommend the adoption of the Report of the Auxiliary Services Committee.

APPROVED

MEMBERS OF COMMITTEE ON SPECIALISTS AND SPECIALIZATION: A. G. Racey, Chairman, Montreal, P.Q.; A. Raymond, Montreal, P.Q.; W. J. Johnston, Montreal, P.Q.

R E P O R T

1. The committee has made a study during the past year of the recommendations brought forward by the Board of Governors of the C.D.A. at the last meeting held in Montreal in October 1953.

(In this report the term "Board" shall mean the provincial licensing body).

2. The main recommendations included:—

"That a Certification Committee for each specialty should be formed and that these committees should establish suitable requirements applicable to their specialty and conforming to the regulations of the Board." (See report of the Committee on Specialists and Specialization 1953 Transactions).

3. The Reference Committee on the above report agreed in principle with this recommendation and added: "It was thought that at certain times a Board in itself might not feel exactly qualified to pass judgment on certain candidates, even though such candidates might have fulfilled the stated requirements. In such a case it was thought by this committee that the Board might profitably call in for consultation certain well respected and qualified practitioners who were already certified in that particular specialty."

4. Consequent to these recommendations your committee wishes to present the following for your consideration.

I. That the Board may set up a Committee comprised of two members for each of the specialties (i.e. for 6 specialties—12 members; 5 specialties—10 members, etc.) to advise the Board regarding the observance of regulations and the issuing of Certificates.

II. Definition of each of the Specialties:

(a) Oral Surgery:

That phase of Dentistry that is concerned with diagnosis, treatment, surgical correction and therapy of all diseases, traumatizations, malformations or deficiencies of the human jaws and their associated structures, as well as the prescribing of necessary medications.

(b) Endodontics:

That phase of the practice of dentistry concerned with the diagnosis and treatment of diseases of the dental pulp and those conditions which may arise therefrom.

(c) Orthodontics:

That phase of the practice of dentistry concerned with the prevention and correction of malocclusions.

SPECIALISTS AND SPECIALIZATION

(d) **Periodontics:**

That phase of the practice of dentistry concerned with the prevention and the control of the diseases, malfunctions and disorders of the periodontal tissues.

(e) **Paedodontics:**

That phase of the practice of dentistry concerned with the prevention and treatment of oral and dental diseases of children.

(f) **Prosthodontics:**

That phase of the practice of dentistry concerned with the partial or complete replacement of one or more of the oral structures or the correction and concealment of facial deformities by means of artificial appliances.

III. Requirements particular to the Specialties:

In each specialty requirements shall include:

(a) Successful completion of a full time post-graduate course in the particular specialty, which shall embrace the theoretical, clinical, technical and basic science phases of the specialty, and which course is taken in a recognized dental school or hospital. Where Section C, para. 2 (see Appendix A) of the original plan applies this section is not necessarily applicable.

(b) Three years practice of dentistry.

(c) These conditions, or others at the Board's discretion, must be fulfilled to the satisfaction of the Board.

CONCLUSION:

The committee wishes to point out that the above recommendations are made solely with a view of suggesting a workable overall guide which might aid a Board to certify Specialists.

COMMENT AND ACTION

4. II. We refer this back to the Committee for further study.

We recommend the adoption of the Report of the Committee on Specialists and Specialization.

APPROVED

MEMBERS OF ORTHODONTIC SECTION: W. K. Shultis, Chairman, Toronto, Ont.; John Abra, Secretary, Winnipeg, Man.; Louis Lepine, Vice-Chairman, Montreal, P.Q.

R E P O R T

Since the last report was made by Dr. Dixon, our Section has had two meetings—the one in Montreal, September 1953, and the other in Chicago in June of this year. The Orthodontic Section of the C.D.A. now totals 49 members with 4 applications on hand. This is 83% of all Canadian Orthodontists.

1. Dr. H. K. Brown, the Director of the Dental Division of the Federal Department of Health and Welfare, spoke to our Montreal Meeting. He said that he would welcome any suggestions for a long range, flexible educational prevention program in preventive orthodontics and would consult with our Section before any Orthodontic Health program was advanced at the Government level. The meeting elected Drs. Dixon, Bradley and Hamilton of Ottawa, as a committee to study and report on the proposed long range, flexible Orthodontic Health program. At the Chicago Meeting, Dr. Dixon's report on the committee's progress pointed out that since Orthodontic treatment is required by such a large percentage of children the best approach is to emphasize strongly the preventive phase of Orthodontics. The Committee felt that short post graduate courses in preventive Orthodontics should be offered to all Dentists who desire to take them. The report was received and the Committee reappointed with the suggestion that they—

(a) Gather material on Seminars and Educational programs that are being carried out in the various provinces, including their methods of financing.

(b) Investigate the use of the Federal Crippled Children's Fund for Orthodontic treatment.

2. The question of the location of our annual meeting arose and it was decided to hold our annual meeting in conjunction with the C.D.A. Convention whenever a quorum of members could be present.

3. The Section has decided to increase the orthodontic program at C.D.A. Conventions by sponsoring a table clinic whenever possible.

4. For some time the question of Public Relations has been under discussion. A desirable article "What Orthodontics Can Do For Your Child" is to appear in the 1954 fall issue of the Canadian Home Journal. Due to the co-operation of the Editor it has become possible to send reprints of this article to every Canadian dentist for his reception room. Our Section felt that the article written by a reporter using lay language would be most acceptable to the profession and most instructive to the public. The Editor of the Canadian Home Journal has been most co-operative in allowing the Chairman of the

ORTHODONTIC SECTION

Orthodontic Section to proof read the article and to make certain basic changes and suggestions. I feel that this may be an entry into the publication field whereby the dental profession may be consulted with regard to future dental articles prior to publication. Our Section wishes to thank the Public Relations Committee of the C.D.A. for their generous contribution to this project.

5. The 1954 Grieve Lecturer is Dr. Leuman Waugh of New York. Dr. Waugh has been an outstanding orthodontist and educator. For many years he has been on the orthodontic staff of Columbia University.

6. A notice of Motion to change Article VII of the By-laws regarding membership in the Section was given at the Montreal meeting. At the Chicago meeting the motion as amended was passed. A copy of the change in the by-laws accompanies this report as Appendix B.

7. The 1953-54 Section Executive has started to compile a record on each orthodontist who practised orthodontics as a specialty before 1925. It is hoped these questionnaires will act as a record and will in the future be both interesting and informative as to the History of Orthodontics in Canada.

8. Attached to this report as Appendix A are the treasurer's reports.
(a) The Orthodontic Section Financial Statement.
(b) The George Grieve Memorial Lecture Fund financial statement.

9. In closing, I wish to thank Dr. Gullett for his counsel and many kindnesses to me during my tenure as Chairman, and the staff of the C.D.A. office for their help in sending out our minutes, etc.

Appendix A

FINANCIAL STATEMENT OF ORTHODONTIC SECTION — C.D.A.

Assets	
Balance on hand as at October 5, 1953	\$ 348.79
Paid by Dr. Shultis:	
McKenna Florist, Dr. & Mrs. Fisk	\$ 7.34
Arthur Heywood Florist, Mrs. Grieve	5.00
	12.35
Balance forwarded to Dr. Abra Nov. 5, 1953	\$ 336.44
Membership dues—47 @ \$5.00	235.00
Fees accompanying application for memberships 6 @ \$10.00	60.00
TOTAL RECEIPTS	\$ 631.44
Expenditures	
Transfer to Grieve Memorial Lecture Fund	
(Dr. Fisk Honorarium)	\$ 50.00
Mount Royal Hotel (room)	10.00

ORTHODONTIC SECTION

Hudson's Bay Company (Secretaries binder & filler)	8.45
Saults & Pollard (Letter heads)	9.35
Rogerson and Troup (Business reply cards)	9.18
Bank Charges and Exchange	2.82
Mailing and Stamps, etc.	7.82
	\$ 97.62
Cash on hand in bank	533.82
TOTAL	\$ 631.44

GRIEVE MEMORIAL LECTURE FUND—MAY 15, 1954

Receipts

Nov. 5/53 Honorarium to Dr. Vernon Fisk returned	\$ 50.00
June 4/54 Interest on bonds	177.50
	\$ 227.50
(Exchange) Bank charge	\$.20
Balance on hand	\$ 227.30

Appendix B

NOTICE OF MOTION

Notice of motion was made at the last annual meeting to amend Article VII of the By-Laws regarding memberships in the Section.

All applications for membership shall be made in writing on an application form and endorsed by two active members of the section who have personal knowledge of the applicant. Applications will be accompanied by a fee of ten dollars (\$10.00) and be submitted to the Secretary who shall refer them to the Executive Committee of the Section. Each application must be endorsed by letters from each of the endorsers, and forwarded directly to the Secretary. The Executive Committee shall consider the application and if in favour shall send the name of the applicant and his address to each active member not less than one month prior to the next annual meeting in order that members may communicate with the Secretary in writing on the desirability of the applicant for membership. If, after further consideration of the application and all communications pertinent thereto, the applicant receives the approval of the Executive Committee, he shall be voted upon by a secret ballot at the next annual meeting. A three-fourths affirmative vote of those present shall be necessary for election. The fee of ten dollars accompanying the application shall cover the annual dues for the year in which membership becomes effective or shall be returned to the applicant if he fails to be elected.

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If no annual meeting is held in any one year, the Executive Committee may take a ballot on applications by mail instead of waiting for the next annual meeting as stated in Section 1. A three-fourths affirmative vote of all members shall be necessary for election.

The section now denoted as Section 2 shall become Section 3.

The section now denoted as Section 3 shall become Section 4.

Moved by Dr. Culbert

Seconded by Dr. Chapman

THAT the motion as amended be adopted.

COMMENT AND ACTION

CARRIED

1. We note with some concern, reference to "a long range flexible educational program of preventive orthodontics". Whereas, it is the responsibility, and with authority, that any group within the C.D.A. may consult with individuals, organizations or study any problem within its field. We recommend:

That any action contemplated by a section which involves representation to outside organizations, must have the approval of the Board of Governors before any such action is taken.

2. - 5. Commended.

6. We recommend adoption of the amendment to the By-laws.
7. No comment.
8. (a) & (b) We recommend adoption of the financial reports.
9. No comment.

We congratulate the Orthodontic Section for a very excellent report.

We recommend:

- (a) That the recommendation contained in paragraph 1 of this report be brought to the attention of all C.D.A. Sections.
- (b) Adoption of the Report of the Orthodontic Section.

APPROVED

CANADIAN SOCIETY OF ORAL SURGEONS

D. M. Tanner, President, Toronto, Ont; J. H. Johnson, President-elect, Toronto, Ont.;
W. W. Breslin, Vice-President, Toronto, Ont.; J. F. Methven, Secretary, Toronto, Ont.

REPORT

1. The proposed By-laws of the Society are presented in Appendix A for your consideration.
2. The Executive has taken into membership the full Professors of Oral Surgery in Canadian Dental Colleges. It has further decided to take into membership those practitioners in good standing who have restricted their practice to oral surgery for twenty-five years. Notices to this effect have appeared in the dental journals.
3. The above members shall constitute a "Founders' Roll" and shall recommend policies to the Executive during the organization period of the Society.

Recommendations

1. The Society recommends the adoption of the appended By-laws.

Appendix A

CANADIAN SOCIETY OF ORAL SURGEONS BY-LAWS

A. Classification and Election of Members

1. Active Members—The Active Membership shall consist of members in good standing in their local Society, Provincial and Canadian Dental Associations, who shall have confined their practice exclusively to Oral Surgery for at least five years immediately preceeding their application for membership.

2. Honorary Members—Honorary Membership may be granted to members of the dental and medical profession or to members of allied sciences who have made for themselves enviable names of national importance and have contributed to the advancement of oral surgery. Not more than two Honorary members may be elected in any one year.

3. Applicants for an Active Membership in this Society shall complete the regular application form as provided by the Society for that purpose. The application, properly completed shall be sent, with the initiation fee to the Secretary-Treasurer.

4. The Secretary-Treasurer shall send to the Membership Committee all applications for membership. The Chairman of the Membership Committee shall present the names of approved applicants to the next annual meeting. The Membership Committee shall mail a copy of the list of approved applicants to the entire membership of the Society for their information and comments.

CANADIAN SOCIETY OR ORAL SURGEONS

An affirmative ballot of three-fourths of the Active Members, who are in good standing, present at the annual meeting and voting, shall elect an applicant to membership.

5. Certificates of Membership shall be sent to each newly elected member. Members who resign or whose membership has been terminated shall return the certificates to the Secretary-Treasurer.

6. An applicant for membership who is rejected shall not be permitted to make application again for three years.

7. Honorary Members shall not be nominated from the floor, but by written nomination signed by five active members in good standing and presented to the Secretary-Treasurer. All such nominations shall be referred to the Membership Committee for their consideration and recommendation to the Executive Council. In any one year no more than two names, approved by a three-fourths vote of the Council shall be presented to the Annual Meeting for final approval.

B. Election of Officers and Councillors

1. The Annual Meeting shall elect each year, a President-Elect, Vice-President, Secretary-Treasurer and two Councillors.

The term of office shall be for that period between annual meetings of the Canadian Dental Association or if the annual meeting of the Society is not held at that time, for a period of one year.

2. The President, upon the expiration of his term of office, shall become Past President and serve one year on the Executive Council.

The President-Elect upon the expiration of his term of office automatically becomes the President of the Society for the ensuing year.

3. If the President-Elect should become incapacitated or disqualified for the office, the Society shall at the next annual meeting, elect a President.

4. A Nominating Committee of three members shall be appointed by the President. This Committee shall present to the Secretary-Treasurer, a list of the nominations for office.

Nominations may be made from the floor, if in writing and endorsed by three Active Members.

5. Election of officers shall be by ballot of the active members present at the Annual Meeting, and each office shall be voted on separately. The candidate receiving a majority of the votes cast shall be declared elected.

6. Unanimous Ballot—In the event not more than one candidate is nominated for any elective office, the President shall direct the Secretary-Treasurer to cast a unanimous ballot on behalf of such candidate.

C. Meetings

1. Scientific Sessions—Admission to Scientific Sessions shall be confined to members of the Society, candidates for admission and visiting oral surgeons from foreign countries. Members of the Canadian Dental Association may be admitted on invitation by any Active Member of the Society.

2. Business Sessions—Admission to Business Sessions shall be confined to Active and Honorary Members.

None but Active Members in good standing shall be entitled to vote or hold office in the Society.

Ten percent of the total Active membership shall constitute a quorum for the transaction of business.

D. Executive Council Sessions

1. The Executive Council shall hold at least one regular meeting each year.

2. Special meetings of the Council may be called at the discretion of the President.

E. Resignation, Reprimand or Expulsion

1. A member of the Society in good standing and not under any charges unbecoming a member of the Society and not in arrears for dues, may honorably resign his membership by written application which will be presented at the regular annual meeting. Resignations are not acceptable if the member is delinquent in the payment of dues for two consecutive years.

2. If any Active member shall disqualify himself by not limiting his practice to oral surgery, the Society shall take appropriate action to terminate his membership.

3. Any member may be reprimanded, suspended or expelled for violating the laws of the Society, for mal-practice or for gross misconduct.

Charges are to be filed with the Secretary-Treasurer, who shall send a complete and accurate copy to all members of the Executive Council.

A member under consideration shall be informed by registered mail as to the charge, the date, time and place of consideration of his case by the Council. He may appear before Council in person, with or without counsel to defend himself.

The Executive Council having reviewed the evidence, shall then vote to exonerate, reprimand, suspend or expel the defendant.

The findings of the Council shall be presented to members of the Society at the annual meeting. To sustain the Council's decision, a three-fourths affirmative vote of those present is required.

CANADIAN SOCIETY OF ORAL SURGEONS

F. Fees and Dues

1. The initiation fee for an Active Member shall be ten dollars.
2. The annual dues for Active Membership shall not exceed \$25.00, due and payable January 1st for the ensuing year. The current annual fees shall be set by the members at the annual business session.
3. A membership shall be automatically suspended on two consecutive years' delinquency in the payment of dues.
4. A membership that has been suspended for non-payment of dues shall be automatically reinstated within one year if payment is made of delinquent dues and dues for the current year.
5. If not reinstated within one year following suspension for non-payment of dues, the membership shall be automatically terminated.

G. Ethics

The Principles of Professional Conduct of the Canadian Dental Association shall be the Principles of Professional Conduct of this Society.

H. Fiscal Year

The fiscal year of the Society shall begin immediately following the Annual Meeting.

I. Amendments to the By-Laws

1. Amendments to the By-Laws may be proposed in writing to the Executive Council. The Council shall send a copy of the amendments to all Active Members thirty days prior to the Annual Meeting. All amendments require a two-thirds affirmative vote of the Active Members present at the annual meeting, and are subject to ratification by the Board of Governors of the Canadian Dental Association.

J. Parliamentary Authority

Robert's Rules of Order as most recently revised shall be considered authority for all parliamentary procedures for the conduct of the meetings of this Society.

K. Order of Business

1. Calling of meeting to order.
2. Reading of minutes of previous meeting.
3. Business arising out of the minutes.
4. Applications for membership and election to membership.
5. Introduction of new members.
6. Reports of Committees.

CANADIAN SOCIETY OF ORAL SURGEONS

7. New Business. .

8. Election of Officers.

(a) Election of President-Elect.

(b) Election of Vice-President.

(c) Election of Secretary-Treasurer.

(d) Election of two Councillors.

(e) Advancement of President-Elect to President and induction of new officers.

9. Adjournment.

September 1954.

COMMENT AND ACTION

This report and the submitted by-laws were carefully considered, with several amendments being made by the Board. The report and by-laws appear here in the amended form as adopted by the Board.

CONVENTION

MEMBERS OF CONVENTION COMMITTEE: James B. O'Brien, Chairman, Saint John, N.B.; S. K. Wetmore, Secretary, Saint John, N.B.; H. W. MacDonald, Treasurer, Saint John, N.B.

R E P O R T

BUDGET

The financial arrangements are as follows:

Surplus or deficit to be equally divided between the C.D.A. and the

N.B.D.C. Registration fee \$15.00.

The drafted budget indicates a surplus of \$1400.00.

ADVANCE REGISTRATION

As of July 31st, 1954, the total advance registration was 340.

PROGRAMME

Essayists:

Leuman Maurice Waugh, D.D.S.—Grieve Memorial Lecture.

Subject: Care of the Deciduous Teeth as the Basis of Occlusion of the Permanent Dentition.

Don W. Gullett, D.D.S., F.A.C.D.

Subject: Economics of Canadian Dentistry.

J. S. Bagnall, D.D.S., F.I.C.D., F.D.S., R.C.S.

Subject: Experience in the Dental Teaching Profession.

Clinicians:

Dr. Philip Williams—New Developments in Crown and Bridge.

Dr. Mark G. Boyes—Dentistry for Children.

Commander K. L. Longeway—

Matrices and Mechanical Manipulation of Cement.

Dr. A. Harris Crowson—Immediate Dentures.

Dr. J. J. McCarthy—Oral Surgery.

Dr. John H. Ball—Practical Roentgenographic Technique.

Dr. Francis P. McCarthy—Clinical and Oral Pathology.

Major H. W. Hart—Full Denture Technique.

Commander S. Holmes—Periodontia.

Sixteen Table Clinics are to be given.

Summary:

All exhibit space is sold. Reservations indicate that all hotel accommodation will be filled. Transportation is arranged for those arriving by air and when

no train connections are available to McAdam. Social events are arranged, with special attention to entertainment of ladies.

COMMENT AND ACTION

We commend the plan of departing from the previous pattern of holding group clinics. It is recommended that future convention committees give consideration to the advisability of a similar pattern.

Resolution: That the report of the Convention Committee be adopted, and that our sincere thanks be tendered to the Committee for the excellent program and arrangements for this meeting.

APPROVED

REPORT

1. At the request of Dr. D. W. Gullett, Secretary of the Canadian Dental Association, I acted as official representative of the C.D.A. at the 42nd Annual Meeting of the Federation Dentaire Internationale at Scheveningen, Holland, 8-13 June 1954. This I was pleased to do and the following are my observations relative to that meeting.

2. The meeting was held in conjunction with the Jubilee Congress of three Dental Societies of the Netherlands: Nederlandsche Tandheelkundig Genootschap marked its 75th Anniversary, the Vereeniging van Nederlandsche Tandartsen its 50th Anniversary and the Nederlandsche Maatschappij tot Bevordering der Tandheelkunde its 40th Anniversary.

3. The theme of the scientific programme was "Prevention." Each subject was introduced by specialists in that particular field and then discussed by an international panel. The subjects presented were:

- (1) Caries Prevention
- (2) Prevention of Orthodontic Deviations
- (3) Prevention of Periodontal Diseases
- (4) Preventive Dentistry from the Sociological and Economic Angle
The Organization of Dental Youth Care
- (5) Preventive Dentistry.

4. Scientific sessions were held in the morning and afternoon, Thursday and Friday, and Saturday a.m. June 10, 11 and 12.

5. The official opening by Professor Dr. P. Muntendan, Director General of Public Health of the Netherlands was in the Kurhaus Festival Hall at 1400 hrs. on Tuesday the 8th of June. Addresses were made by J. Stork, Esq., on behalf of the Dutch Executive Committee, Dr. Oren A. Oliver, U.S.A., President of the F.D.I. and Dr. J. Deliberos, Paris, France, Vice-President of the F.D.I.

6. Eighteen countries were represented at the meeting. Proceedings were difficult and slow owing to the language difficulty. Remarks in English were quickly translated into French and German. This immediately caused the Italian delegation to ask why simultaneous translation in Italian and Spanish were not also available, as these are also designated official languages of the Congress.

7. Naturally as D.G.D.S. and a Member of the Armed Forces Commission, the deliberations of the latter were my major interest. Lt.-Col. T. L. Marsh, C.O. No. 1 Field Dental Unit in Germany, accompanied me to Holland and presented a display of R.C.D.C. field equipment and mobile clinic. Seven other nations participated in this exhibition, namely, Belgium, France, Netherlands,

INTERNATIONAL DENTAL FEDERATION

Sweden, Switzerland, U.S.A. (Army, Navy and Air Force) and Luxembourg. Several very interesting items of military dental equipment were shown. Exhibits of Switzerland and Luxembourg for example—these were designed and manufactured for the peculiar defense organization that exists in these countries. From the standpoint of practical use, however, where the going is heavy, as it invariably is during any modern military campaign, it was generally agreed that our equipment was second to none.

8. The exhibition was opened and inspected by his Excellency, Mr. Kronenburg, Under-Secretary of State for the War Department of the Netherlands. Members of the Canadian Forces were especially welcomed, as the Dutch have not forgotten that it was the Canadian Army that liberated Holland during the Second World War.

9. Two resolutions were put forward by the Armed Forces Commission, submitted to Council and subsequently passed by the general assembly. The resolutions were:

- (1) The Commission request that a permanent military dental representative be assigned to Supreme Headquarters Allied Powers Europe and to such other sub-Headquarters of SHAPE as may in future be established where a health staff is set up.
- (2) That the F.D.I. recommend to the National Dental Societies and the Chiefs of the Military Services of those countries in which all dentists do not enjoy officer status in the military service, to exert every possible effort to grant officer status to all dentists in the military service.

10. The last resolution seemed to be particularly vital to the German delegation. Implementation of these resolutions by the authorities concerned would greatly enhance the status of the dental profession in Europe.

11. The programme of social events and hospitality extended by our Dutch colleagues was excellent. I am sure that every foreign dentist brought away a memory of profound gratitude for the many courtesies he experienced; and for the hard work and organization that was carried out by the members of the dental profession of the Netherlands and their wives, previous to the meeting.

12. It would seem that since Canada has the third largest group of dentists in the F.D.I., that more adequate representation should be made at the annual meetings. As a means of developing international goodwill and advertising the high place that dentistry is accorded in the national life of Canada, there is no better medium.

COMMENT AND ACTION

3. We heartily commend the Program Committee of the F.D.I. upon their central theme of Prevention for the scientific sessions.

INTERNATIONAL DENTAL FEDERATION

6. We express gratification upon the number of countries represented at the meeting.
7. The practicability of the equipment of the R.C.D.C. for military service is a tribute to those responsible for its design.
8. We appreciate the kind sentiments of the Dutch people.
9. (1) Endorsed.
(2) Endorsed.
12. Recommendations:
 - (1) That the C.D.A. take a more active part in the affairs of the F.D.I.
 - (a) By increased financial support as soon as possible.
 - (b) By the appointment of C.D.A. representatives to the F.D.I., when possible.
 - (2) That the thanks of the Association be tendered Brigadier Wansbrough for his attendance at the Annual Meeting of the F.D.I. and for his excellent report.

We recommend the adoption of the Report.

APPROVED

MEMBERS OF NOMINATING COMMITTEE: Harold M. Cline, Chairman, Vancouver, B.C.; A. G. Racey, Montreal, P.Q.; G. M. Dewis, Halifax, N.S.; P. G. Anderson, Toronto, Ont.

REPORT

1. It has been necessary, in the main, to carry on the work of this Committee by correspondence. This has been made easier by the promptness of the members of the Committee in making reply.

2. Method of procedure was reviewed and it was decided that the approach of previous committees offered the best means of obtaining guidance. Chairmen of Committees were contacted to determine whether or not they would again permit their names to be placed in nomination and then advice was sought as to personnel of committees. All other available advice was sought. It should be noted in the case of rotating committees the retirement date is shown. Your Nominating Committee herewith begs leave to place in nomination the following:

Officers

<i>President</i>	— P. G. Anderson, Ontario
<i>President-elect</i>	— R. R. McIntyre, Alberta
<i>Immediate Past President</i>	— A. J. Coughlan, New Brunswick
<i>Secretary-Treasurer</i>	— Don W. Gullett, Ontario

Committees

<i>Executive Committee</i>	— P. G. Anderson, President, Chairman R. R. McIntyre, President-elect A. J. Coughlan, Immediate Past President A. G. Racey K. M. Johnson	
<i>Committee on By-laws</i>	— J. S. Bagnall (Chairman) Nova Scotia G. L. Cameron, Ontario S. A. Moore, Ontario G. M. Dewis, Nova Scotia	
<i>Convention Committee</i>	— Wm. McIntosh (Chairman) Ontario	
<i>Finance Committee</i>	— S. J. Phillips (Chairman) Ontario	
<i>Council on Dental Education</i>	— R. G. Ellis (Chairman) Ontario Harvey W. Reid, Ontario A. L. Walsh, Quebec A. Fortier, Quebec Wm. Miller, British Columbia D. P. Mowry, Quebec	1957 1957 1955 1955 1956 1956

ELECTIONS

Dental Public Health Committee

- Arthur Poyntz (Chairman) British Columbia
Alex Gunning, British Columbia
J. A. Chambers, British Columbia
J. C. Foote, British Columbia
W. A. MacDonald, British Columbia
Ex-officio Members:
Chairmen on Provincial Dental
Public Health Committees

Committee on Ethics

- J. D. McLean (Chairman) Nova Scotia
J. P. McGuigan, Nova Scotia
S. K. Wetmore, New Brunswick
H. S. Crosby, Nova Scotia
H. N. B. Beach, Ontario

Legislation Committee

- L. E. MacLachlan (Chairman) Ont. 1955
Alvin A. Cameron, Ontario 1956
E. S. Macartney, Ontario 1957

Necrology Committee

- Don W. Gullett (Chairman) Ontario
And Provincial Registrars

Committee on Publications

- Frank Martin (Chairman) Ontario
Arthur Poag, Ontario
Mark Boyes, Ontario
J. D. Purves, Ontario
A. Fortier, Quebec
J. E. Tilson, Ontario

Health Insurance Studies Committee

- H. W. Reid (Chairman) Ontario
C. A. E. McCabe, Quebec
T. R. Marshall, Ontario
L. V. Janes, Ontario
W. R. Scott, British Columbia
J. F. Brown, Manitoba
R. Langlois, Quebec
Also Chairmen of Provincial Health
Insurance Studies Committees

Hospital Dental Services Committee

- D. M. Tanner (Chairman) Ontario
A. A. Antoni, Ontario
G. A. Buchanan, Manitoba
R. E. Diprose, Ontario
R. Marshall, Ontario
G. de Montigny, Quebec
S. A. MacGregor, Ontario
F. A. Smith, British Columbia

<i>Housing Committee</i>	— R. P. Lowery (Chairman) Ontario H. W. Reid, Ontario G. V. Fisk, Ontario	
<i>Nomenclature Committee</i>	— W. J. Dunn (Chairman) Ontario G. H. W. Lucas, Ontario F. E. H. Priestly, Ontario R. J. Getty, Ontario G. de Montigny, Quebec H. A. Hunter, Ontario	
<i>Public Relations Committee</i>	— Harold Skilling (Chairman) Ontario J. G. Chalmers, Ontario J. Kreutzer, Ontario Chas. H. Moses, Ontario Chas. McLean, Ontario H. S. Thompson, Ontario Co-opt members: J. H. Mullett, Ontario J. E. Tilson, Ontario	
<i>Committee on Specialists and Specialization</i>	— A. G. Racey (Chairman) Quebec A. Raymond, Quebec W. J. Johnston	
<i>War Memorial Award Committee</i>	— Roger Charette (Chairman) Quebec A. M. Hord, Ontario Howard Boyles, Ontario O. Hebert, Quebec Ralph Edmison, Quebec	
<i>Honorary Membership</i>	— Frank A. Godsoe, New Brunswick	
<i>Orthodontic Section</i>	— John Abra (Chairman) Winnipeg J. T. Crouch (Vice-Chairman) Toronto L. P. Lepine (Secretary) Montreal	
<i>Research Committee</i>	— G. Nikiforuk (Chairman) Ontario J. B. Macdonald, Ontario G. H. W. Lucas, Ontario R. M. Grainger, Ontario K. J. Paynter, Ontario M. A. Cox, Ontario H. A. Hunter, Ontario E. J. Martin, Ontario J. D. McLean, Nova Scotia A. W. S. Wood, Ontario C. H. M. Williams, Ontario	1955 1955 1955 1955 1955 1956 1956 1956 1956 1956 1957

ELECTIONS

J. E. Speck, Ontario	1957
L. Belanger, Quebec	1957
R. H. McDougall, British Columbia	1957
G. Brass, Alberta	1957

Auxiliary Services Committee — R. A. Rooney (Chairman) Alberta
H. R. MacLean, Alberta
A. M. Revell, Alberta
Also Chairmen of all Provincial
Legislation Committees

Nominating Committee — G. Ratte (Chairman) Quebec 1955
G. M. Dewis, Nova Scotia 1956
C. M. Purcell, Ontario 1957
R. R. McIntyre, Ex-officio

ADOPTED

ANNUAL MEETING
THE CANADIAN DENTAL ASSOCIATION

The 1954 Dinner and Annual Meeting of the Canadian Dental Association was held in the Algonquin Hotel, St. Andrews by-the-Sea, on Monday Evening, September 6th, 1954. Dinner commenced at 6.30 p.m., with the retiring President of the Canadian Dental Association, Dr. A. J. Coughlan, of Saint John, N.B., presiding.

ADDRESS BY PRESIDENT
OF THE AMERICAN DENTAL ASSOCIATION

Dr. L. M. Fitzgerald: Mr. President, Don, and Fellow People of Dentistry: Dr. Gullett's introduction has been very touching. I did not realize that I had told Dr. Gullett some of these things that he has told you, but what he has told you is true. The man that was the greatest inspiration to me in Dentistry was Dr. John V. Konzett of Dubuque, Iowa, who was President of the American Dental Association in 1920.

I was telling one of the men earlier in the evening . . . I talked about the question of the sacrifice . . . I remember so well Dr. Konzett saying to me, "Fitz, the time you spend in the interests of Dentistry and your profession will not be wasted either personally or financially." The year that I spent the most time out of my office, quoting Dr. Konzett was the year I was Chairman of the Council on Dental Education of the American Dental Association and, strange as it may seem, that year, financially, was the largest year I ever had in my practice and, Gentlemen, I can verify those words as true.

As I have said, it is indeed a privilege to be here today and it gives me great pleasure, as President of the American Dental Association, to extend to the Officers and Members of the Canadian Dental Association the warm greetings of the Officers and Members of the American Dental Association. Particularly, I should like to congratulate Dr. Coughlan, Dr. Peters, Dr. O'Brien and the other Officers and Members of the New Brunswick Dental Society who have been responsible for this very fine meeting in this beautiful vacation site, and I certainly would be remiss if I did not pay my tribute to one of the great dentists of the world in Dr. Don Gullett.

(Applause)

It was truly heartening to me tonight when Dr. Coughlan proposed a Toast to Her Majesty, the Queen and our President of the United States. It was a great tribute to the great cooperation that exists, not only in Dentistry but in all matters between Canada and the United States and that holds so true with the cooperation that exists between your great Secretary Don Gullett, and our great Secretary, Harold Hillenbrand, of the American Dental Association. These two men work hand in hand together, and it is a great thrill to see these men work in such close harmony.

ASSOCIATION MEETING

As I awakened this morning and looked out the window and saw the Canadian flag flying, it was almost a surprise because I felt so much at home here and I am sure it was due to the fact that I have known Don Gullett for many years and we appreciate his fine cooperation and help and the things that he brings to us. In more than one sense we are all one family, we members of the dental profession, bound closely by professional ties. The tremendous advancement made in Dentistry in the past half century in our respective countries, it seems to me, are a direct result of the profession's organization as a unified and imposing force, dedicated to the serving of the public. The strong bonds that exist between the Canadian Dental Association and the American Dental Association are but one reason for the stature and prestige of our profession. We have learned from each other, and in so doing, have helped to advance the standards of Dentistry and to focus emphasis on dental health throughout the world.

We have many of the same problems and concerns. We are faced with the same issues. The dental profession in both Canada and the United States long has recognized that there is a serious problem in the maintenance and improvement of dental health of our countries. The dental profession has battled long and often against great odds to bring about the conditions which will permit us to make dental health care available to all individuals, regardless of income or location.

The dental profession has battled to provide a priority system of dental health care for children and dental health education of children. The dental profession has battled for increased dental research, so more beneficial measures, such as the fluoridation of the public water supplies can be developed for the benefit of all. The dental profession has battled to awaken communities to their responsibility for health programmes.

In all of these the dental profession has insisted, first of all, upon the highest possible standard of training and practice. Only so long as Dentistry never loses sight of the fact that its fundamental task is providing the highest quality of service to the public can it continue to move ahead. You know and I know that the true test of a health profession is a healthy patient. It is only by wide application of sound techniques, based on sound knowledge, that a nation's dental health can advance.

The backbone of any profession is its education. One very significant factor in maintaining an excellent record in the training of members of the dental profession, we have found in the States, is an aptitude testing programme, now used by all of the dental schools of our country. This programme, developed by the Council on Dental Education of the American Dental Association, was designed to serve as an aid in selecting the best qualified and most promising students among applicants to dental schools. It is largely a result of this programme that the percentage of academic failures in dental schools has been cut from ten per cent to two per cent . . . a record unexcelled by any other group of professional schools in the States.

I mention these facts because in these days of shortage of health care, not only in the dental profession but in the medical professions, there is a tendency to say, "Let us lower the standard to provide for more dentists". I have just returned from our territory in Alaska where that very thing is being discussed, and unfortunately, there has been a Bill introduced in the Legislature of the Territory of Alaska by a member of our dental profession who is serving in the Legislature, to lower the standard to this extent, that the Examining Board should be in the hands of the lay people so that there would be less men failing the examinations.

I can't imagine anything worse. I said to this man in discussing it with him, we have worked for a hundred years trying to raise the standard and build the standard of dental care up to the standard we feel is approaching somewhat to the stage we would like, and with one bill, one of our territories would tear it down, and that would naturally have its impression upon other territories and other countries to do the same thing, until the whole castle would fall into a heap of ruins.

I do not believe that this is what we want. I believe that we will by our educational programmes of prevention lower the amount of necessary care through our programme of fluoridation and other educational programmes, and keep our standards high and keep improving our standards so Dentistry can hold its head high and take its place and keep its place among the great professions of the health of our countries.

I have just mentioned fluoridation of the public water supplies. I should not like to appear here without commending the Health League of Canada for its recent comprehensive survey of medical opinion on the subject. As you know, the heads of the Departments of Preventive Medicine in the Universities of Canada and the United States were overwhelming in their favourable opinion on the value and safety of the measure. You may be interested in knowing that only three weeks ago I had the privilege and the opportunity of turning the valve of the water system in the community of Osawatonic, Kansas, which became the one thousandth community in the United States to start the public programme of the fluoridation of the water supply. At present fluoridated water is being provided to about eighteen million persons in the United States. Fluoridation continues to advance and each new study provides further support for the soundness of the measure which I believe is one of the great public health advances of our time.

The dental profession's record on fluoridation is one of which we can be proud and which points out the moral . . . where the fluoridation programme has advanced it has been through the effects of all sincere, civic-minded men and women as well as through the members of the dental profession. Our responsibility to the public does not begin and end within the confines of our profession. We are citizens of our respective democracies, too, and what we do as citizens determines what is ahead for our profession. Our

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participation in the affairs of our own communities is essential, both to a healthy society and to the advancement of our profession, and in these uneasy times, smugness must be rejected.

I believe it is vital that we, as members of the dental profession, assume civic leadership whether or not that role is directly concerned with our profession. Leadership is a sign of maturity among free men. By taking part in your Community Chest Campaigns, Red Cross Drives, or service organization programmes we can provide convincing evidence that we are men of civic conscience whose perspective exists beyond the confines of the four walls of our offices. Leadership, big or little, and active participation in community affairs, I believe is an essential portion of the life of a responsible professional man.

In conclusion I should like to issue you an invitation. I invite all of you to attend the Ninety-Fifth Annual Meeting of the American Dental Association which is to be held November 8th through the 11th, in Miami, Florida. It will be a distinct pleasure to me and to Mrs. Fitzgerald, as it has been a pleasure for us to be here. Thank you.

(Applause)

PRESIDENT'S ADDRESS

Dr. A. J. Coughlan: It is fitting that at our Annual Meeting your President should review the activities of the Association and bring to your attention some of the high-lights of the year's work with a possible glance into the future.

We have just completed a four day meeting of the Board of Governors, a meeting given over to the study of some 25 reports submitted by Committee Chairmen. Time was provided for the discussion of certain policies to be pursued by your Association in the coming year.

May I be permitted at this time, Mr. Vice-President, to offer my thanks to the members of the Board of Governors, Committee Chairmen and others who attended these meetings for the earnestness in which they attack the tremendous task of sifting from out of these reports all that was best for the conduct of the affairs of your organization.

I would like to direct special mention to the chairmen of committees responsible for the creation and co-ordination of the very informative material which these reports contained.

A healthy organization such as ours requires a well-informed membership, men well versed not only in the scientific side of our profession but equally so in its problems and activities.

Your Board of Governors is ever cognizant of this fact and displays a keen interest in the report of the Committee on Publications whose efforts are responsible for the production of an outstanding Journal.

We lean heavily on our Journal as a medium for dispensing information of Association interest and clinical value to our members, and we strive to maintain its high standard in the field of professional Journalism.

In reading the many reports presented to the Board of Governors one cannot but be impressed by the high motive, the sincere effort and the genuine desire to bring about a better educational standard and a general improvement of the profession.

This thought, supported by the will to give greater service to the public, was responsible for the direct action taken some five years ago by the Council on Dental Education. This action dictated the selection of a three man Survey Team to appraise the educational set-up of our five dental schools and to investigate the training facilities with a view to increasing our personnel by graduating a larger number of students.

A report of the Survey Team, after their study and evaluation of these schools was received last week. This report, detailed and comprehensive, provides our Association with much needed information for presentation to Provincial and Federal authorities to improve our present standards and teaching facilities.

We are much indebted to this Survey Team comprising Dean A. C. Lewis, Dr. Harvey W. Reid, and Dr. Arthur Walsh for a very excellent report, out of which we are confident much good will come.

It is, as we realize, a physical impossibility for an organization with our numbers to do more than treat a small segment of our population. Any sizeable increase in our personnel for this purpose is many years off, so we must therefore exert every effort and stress the great need for governmental assistance in the field of Research. With greater financial support for the training of both graduates and undergraduate students, plans could be laid for initiating Research projects which would do much to advance the cause of Dentistry.

Research supported by an intensified program of Dental Education could aid considerably our insufficient personnel.

The scientific discovery of the use of sodium fluoride added to communal water supplies in its proper proportions has brought about our first ray of hope in the fight to control dental decay. Its use today is past any stage of experimentation and has the backing and support of every Association interested in the health of the public. We encourage you to be leaders in your communities in the promotion of this highly scientific discovery and advocate its immediate use to help arrest the world's most prevalent disease.

No organization can function successfully and carry out a program of activities progressively without the generous financial response of its membership. I will not belabour you with the reasons for increased support of corporate

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bodies to further the interests of your Association, but may I remark that the financial status of an organization of some fifty-three hundred dentists leaves much to be desired.

Your Pension Trust Plan requires no further explanation at this time by me, but may I remind you that your Association is vitally interested in its future and is proud of the achievement in presenting it to us.

Your Executive has been considering for some time a Blue Cross Service for the membership and quite recently authorized the administrator of our Pension Trust Plan, Mr. E. L. R. Williamson, to discuss with the Blue Cross officials the possibility of a National Group being formed for the Dental Profession.

I am pleased to announce that the outcome of his overtures were favourable and we now have the Canadian Dental Association National Blue Cross Group, the first National Group with the Blue Cross organization.

Details of the services and costs are now available and I feel certain the contracts offered will prove most attractive to all interested members.

I feel we have reached a stage in the history of our Association when we should be conscious of the need to take a more active part in the dental affairs outside of our own country. This particular remark has reference to our relationship as a member of the International Dental Federation.

On more than one occasion, the need for a greater knowledge of the existing situations relative to dental affairs in other countries has been felt. Aside from this more or less selfish motive, I feel it is in the interests of our Association and the profession generally to lend greater support to the International Dental Federation whose roster comprises representatives of forty-two countries.

Brigadier Wansbrough, who represented our Association at the 42nd Annual meeting of International Dental Federation held this past June at Scheveningen, Holland, had this to say in the closing remarks of his report and I quote: "It would seem that since Canada has the third largest group of dentists in the F.D.I. that more adequate representation should be made at the Annual meeting. As a means of developing international goodwill and advertising the high place that dentistry is accorded in the national life of Canada, there is no better medium."

War Memorial Award — The winners of the War Memorial essay competition for this year were:

1st Prize: Dr. John H. Weber, University of Toronto

2nd Prize: Dr. Wm. P. Hanna, University of Alberta

The subject for competition was: "The Present Status of Dental Focal Infection". We congratulate these two young men for the outstanding honour which they have merited.

The worth of our profession is not measured entirely by the skill of its members, for in many instances we are judged by our interest and sympathetic understanding to the patients we serve.

We have in the past been neglectful of good public relations and what it means to the profession, but today I believe we are more conscious of the power of public thinking and how it can affect us generally.

The best Public Relations officer as has been stated is the dentist himself, who by his conduct and example can do so much to raise public opinion in the profession's favour.

The interest of the dentist in Public Affairs, his leadership in community activities, and his close attention to his professional duties can all do much to carry out and promote the aims of your Public Relations Committee. Their efforts will be in vain unless we give them our continued support and co-operation.

As President of your Association one gets a closer perspective of the work and accomplishments of our headquarters staff. There is an ever-increasing volume of correspondence and detail brought about largely by an effort to give the membership a more intimate knowledge of the activities of your Association.

Provincial organizations and individual members find our headquarters a ready source of much needed information. Federal and Provincial bureaux are more demanding of facts and figures regarding our profession.

Let us not fail to recognize the worth of this fine and painstaking group which it has been our good fortune to engage. We are grateful to our Secretary and staff for the high standard of efficiency they have attained.

In conclusion, permit me to thank the members of the Board of Governors, Committee Chairmen and my Executive, for the spirit of co-operation they have shown to me during my term of office.

To our Secretary, Dr. Don Gullett, I offer my appreciation of his generous help to me throughout the year.

For my successor, Dr. P. G. Anderson, popular and capable, let me ask your continued support.

May I again thank you for the great honour which you have conferred on me, an honour which I did not seek and may not have merited, but, which I shall cherish all the days of my life.

(Applause)

PRESENTATION OF HONORARY MEMBERSHIP

President Coughlan: I now have the great privilege and honour to confer on a member of the profession of the Province of New Brunswick and of our Provincial Dental Society, an Honorary Membership.

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The man on whom we are to confer this honour is Dr. Frank Godsoe, of Saint John, New Brunswick. Dr. Godsoe has served the profession in New Brunswick for many, many years. He has been active at all times. He was very active in the Canadian Dental Association from its beginning and throughout the years he has been a tower of strength in the New Brunswick Dental Society. He served for some forty years, I believe, as a Secretary of the organization, and did excellent work in keeping that Society together.

Dr. Frank Godsoe is the oldest and a very respected member of the dental profession in the Province of New Brunswick. He was born in Saint John on January 15th, 1862 and has had a long and distinguished career. First he worked as a reporter for the Evening Globe of Saint John.

In 1880 he became an apprentice to Dr. Griffen, an early dental practitioner in Saint John. Later he studied Dentistry at the Boston Dental College, graduating in 1883. After practising in Boston for a year he returned to Saint John where he has practised all his life, retiring a few years ago. During the First World War Dr. Godsoe served in the Dental Corps.

In conferring this honour on him tonight, I wish to extend to Dr. Godsoe my congratulations, and I trust he may live for many years to enjoy the honour conferred upon him this evening.

Honorary Membership Certificate presented to Dr. Godsoe by Dr. Gullett.

(Applause . . . audience standing)

Dr. F. Godsoe: Ladies and Gentlemen: I have listened to the kindly words of your President and the history of my life, so to speak, and I thank you entirely from my heart. If there are phrases in the English language that can convey to you my deep gratitude and appreciation of what you have honoured me with I fail to know what it is. The two little words, "Thank you" carry my full and heartfelt thought and I thank you from the bottom of my heart.

You have heard the various orators speak here tonight. Unfortunately, my hearing is not what it should be and I have not enjoyed it to the extent that I should have liked, nor have I heard many things, but I know you have enjoyed this evening and when you have come to this stage I belong to that class of speakers who might be summed up on the old saying, "An appreciated speaker is the man who will stand up and speak up" . . . and I belong to that class . . . "and shut up". Thank you, Gentlemen.

(Applause)

INSTALLATION OF NEW PRESIDENT

Dr. H. M. Cline: Mr. President, Honoured Guests, Charming Ladies, Fellow Members of the Canadian Dental Association: I appreciate the honour to act in the capacity in which I am acting this evening.

The Canadian Dental Association is now in its second half century of activity. Many milestones of changing events and objectives may have been passed in the past fifty years. The second period, so far in its activity, gives promise of greater things to come. We have seen the developmental years from organization in 1902 to incorporation in 1942. Dr. Godsoe was a charter member and he is now the only living Charter Member of the Canadian Dental Association.

Since 1942 activities have expanded on a national scale far beyond expectations. A tangible mark of the confidence of the profession in the C.D.A. is the new Headquarters Building in Toronto. To this project all provinces have contributed. The efficiency of this Headquarters, under the direction of our incomparable Secretary, Dr. Don Gullett, is making its impression on the profession and the public.

Two general phases of endeavour, namely, professional and public, have to be expanded. On the professional side, the scientific and fraternal aspects must be put in proper balance. Contacts with the general public and governments continue to be constantly studied. Opportunities bring responsibilities, but it is the sharing of such responsibilities in a profession that builds the bridges that cross boundaries.

Leadership is important, and to provide such leadership for the coming year we will have a man eminently suited to the task.

Dr. Percy Gordon Anderson, often referred to as "P.G." or "Andy" was born in Port Elgin, New Brunswick. It is fitting that a native son should come back to his own province to be installed as President of the Canadian Dental Association. You will note as an indication of the fine fraternal feeling in the C.D.A. that the installing officer comes from the farthest West province, a distance of more than 3500 miles. Dr. Anderson attended Port Elgin High School, the Provincial Normal School at Fredericton and Mount Allison University at Sackville, N.B. He graduated from the Faculty of Dentistry, University of Toronto, in 1928 and has been practising in Toronto since that date. He has fraternal affiliations with XI Psi Phi and Omicron Kappa Upsilon, and is a Fellow of the American College of Dentists.

Dr. Anderson is a Professor of Operative Dentistry, University of Toronto, and in addition to his teaching activities he has given innumerable clinics and lectures throughout Canada, the United States, and other countries.

His executive experience is very extensive, including office in the Toronto Academy of Dentistry, Past Chairman of the Committee on Group Insurance, the Committee on Publications, and at present a member of the Board of Governors of the Canadian Dental Association. He now comes to the highest office attainable in the Canadian Dental Association, namely that of President.

Dr. Anderson, I congratulate you and by the authority delegated to me, I hereby install you as President of the Canadian Dental Association, and

ASSOCIATION MEETING

charge you with the responsibility of leading this Association for the ensuing year.

(Jewel of Office placed on Dr. Anderson by Dr. Gullett).

Dr. Gullett, our Secretary, has invested you with your Jewel of Office. May God give you health and abounding wisdom to guide the affairs of this Association.

May I present your new President . . . Percy Gordon Anderson.

(Applause)

Dr. Anderson: Mr. Chairman, Honoured Guests, Ladies and Gentlemen: May I first of all thank you, Dr. Cline, for your kind words, your good wishes, and for your previous warnings of what is in store for a new President. I have had some difficult times, but I must confess that not until one is actively involved does the true significance come . . . and then with delayed impact.

There is much consolation, however, in the most recent definition that has been ascribed to Presidents, and it would appear that now a President is described as "a person who goes with a worried look . . . on the face of his Secretary."

Since it has been determined that I am to assume the office of President, I could think of no more encouraging circumstances under which to take over my new task. Though Ontario has been and is, my home, I am a herring choker by birth. As Dr. Cline has indicated, it was here in New Brunswick that I was born and educated. It is here in New Brunswick that I assume this new office from another New Brunswick herring choker, Dr. Coughlan . . . and our Installing Officer, Dr. Cline, coming as he does from the West Coast, brings with him the salty flavour of the Pacific to make this a truly Maritime function.

For me to follow in the wake of so many fine Presidents is to me a startling and humbling situation, and may I say no more than . . . I shall do my best. As Benjamin Disraeli said to a new member of the House of Commons who asked if he should participate in the debates: "I think it would be better if the House were to wonder why you did not talk rather than why you did."

But, Mr. Chairman, may I be permitted to observe that for years it has been my good fortune to have enjoyed a close and happy association with the men of our profession in every province of Canada. To me that has been a wonderful asset and without having had that happy opportunity I doubt if I could have accepted this present office.

Our Association is steadily growing in its magnitude and in its activity, but we cannot accept this merely as a bequest from those who have worked with so much vision and effort in the past. They have planned wisely and well and like all his predecessors, our retiring President leaves this office with an enviable record of achievement. (Applause). To know that I can depend upon him for advice is a matter of great satisfaction to me.

The members of the Board of Governors, the Committee Chairmen, and the Committee Members, constitute a group whose sole purpose in accepting those offices is to do a service for their profession. And so with this group to advise you and with the help and assistance of your Immediate Past President, Dr. Coughlan, from the East, with the help of our efficient Secretary, Dr. Gullett, from the centre, and with the help of our energetic and wise President-Elect, Dr. McIntyre from the rolling prairies of the West, and indeed all of those who have served before, I can only say that you have provided your new President with all that could be desired.

And so, Mr. Installing Officer, realizing as I do that in reality it is Ontario, the Province I have the good fortune to represent that is being recognized I am proud and honoured to accept the office of President of this Association. I thank you.

(Applause)

PRESENTATION TO DR. COUGHLAN

Dr. H. M. Cline: I have another pleasant function to perform. You are under very nice circumstances and you have a lot of pleasant things to do. This one is directed to Dr. Al Coughlan, who has carried the heavy responsibilities as President of this Association for the past term. Al has worked faithfully and with great vision. He has not spared himself, nor his home, in discharging the duties pertinent to the office he has held. Mrs. Coughlan has been in great measure a source of encouragement to him and for this we now record our appreciation to her.

Al has travelled the length and breadth of this Canada, visiting the majority of the dental societies and associations. He has strengthened our international relationships by personal contact, and otherwise. His general direction of the affairs of the Association has led to progressive development. He now joins the distinguished group of Past Presidents of the Canadian Dental Association.

In order that he may be a marked man, so to speak, I hereby declare him Past President of this Association and ask Dr. Gullett to pin on him the insignia designating that rank. Al, Congratulations for a splendid job.

(Past President's Badge pinned on Dr. Coughlan by Dr. Gullett).

Another pleasant duty I have to perform is to present to Al on your behalf a tangible token of the regard in which you hold him. During his term of office, accomplishment was of paramount concern. Time went by the boards to the exclusion of his home and office ties. It would be fitting, and I know Mrs. Coughlan would agree, that he should spend more time at home and in the office this coming year. To remind him of this, I now present to him, on your behalf, this wrist watch, to keep and, we hope, cherish.

(Wrist Watch handed to Dr. Coughlan by Dr. Gullett).

ASSOCIATION MEETING

Before Al replies and I hand back the gavel to him, I would like to ask Mrs. Coughlan to stand, please. We haven't a second wrist watch . . . I see you already have one. You are never late and Al is. We would like you to accept this small token of appreciation in the form of some flowers. Then, too, in case you have forgotten in the past year who your husband is, may I introduce Dr. Coughlan.

(Flowers presented to Mrs. Coughlan).

Dr. Coughlan: I just wish to express to you my appreciation of this lovely gift and all you have done for me. It really has been a pleasure to serve you.

I have found the duties of the President most interesting. It has been a great pleasure for me to cross Canada and meet so many very fine men in the Association, and all in all, while as I say it has been a bit tiring, I feel that something has been accomplished for the benefit of the Association.

I do want just now to thank publicly my wife. She really was of great assistance and help to me. (Applause). There were many times in the course of the year that she was left alone.

Just let me say once more that I deeply appreciate the honour and I appreciate very much this gift and I thank you from the bottom of my heart. (Applause)

The meeting adjourned at 9.30 p.m.

THE GAVEL

presented to

CANADIAN DENTAL ASSOCIATION

Saint Andrews-by-the-Sea

September 1st, 1954

THE SIGNIFICANCE

The origin of the word "gavel" is distinctly of this continent. The derivation of the word is thought to be from the German "gipful" or gable. Originally gavels were shaped like the triangular upper part of a wall at the end of a ridged roof.

The gavel is recognized by various artists under different appellations, but it is recognized by all that no work of consequence can be completed without it. It is recognized as a working tool and its symbolism is carried over in its use by presiding officers. The form of the gavel has varied through the ages. The original form used by the mason was flat on one end and pointed on the other. The form used today symbolically is more often shaped like the workmen's maul than the original and was adopted for convenience.

The gavel is an emblem of power by means of which order is preserved. A curious figure of speech is to be found in Proverbs XXV, 18, "A man that beareth false witness against his neighbour is a maul, and a sword and a sharp arrow."

It has become an historical custom that upon transference of office from one to another certain recognized emblems of office are passed from one to the other. No emblem is more frequently used in this symbolical way than the gavel. Traditionally and symbolically the conferment of this symbol endows the newly installed officer with a particular power of authority.

THE CONCEPT

The idea was evolved that the national body of Canadian dentistry should possess a gavel representative of the provinces. As a consequence each province was requested to furnish a piece of wood either of some historical significance or representative in some way of the particular province. In some measure the following describes the parts constituting the finished gavel beginning from the key, which locks the handle in place, and in order clockwise.

Newfoundland—This piece of wood (oak) is from an old sealing ship "Terra Nova." She sailed for many years for the seal fishery under the flag of Bowring Bros., Newfoundland merchants. This ship sailed on the Antarctic Expedition with Captain Scott (1910) to the South Pole. Finally she was lost during the recent war off the coast of Greenland. The "Terra Nova" is mentioned in most encyclopaedia in connection with Scott's Antarctic expeditions.

Nova Scotia—The Murray Homestead on the Studley Grounds of Dalhousie University, Halifax, from which this piece of wood is derived, was demolished in July 1949, to make way for the New Arts and Administration Building of the University, which is now in use, and which was opened in December 1951. The original "Studley" on this site was built by Judge Alexander Croke in 1802. Matthew Richardson purchased the place after Croke left Nova Scotia. Afterwards Croke's "Studley" burned in 1831, Richardson built another house on the site. This house was also known as Studley. Afterwards the ownership passed to Antionette Nordbeck, and from her to Rev. Robert Murray, and then became known as the Murray Homestead. It was this second "Studley" which was pulled down in 1949, being 118 years old.

Prince Edward Island—Government House at Charlottetown was built about 1830 and this piece of wood is a part of the original wood used in the structure. It is white birch, being doubly significant in that this wood is the recognized wood representing the Province of Prince Edward Island.

New Brunswick—The wood (oak) is from the Armed Merchantman Marquis de Malauze. This was one of a force of vessels sent out under Captain Giraudais from France in 1760 with supplies and reinforcements for the forces

ASSOCIATION MEETING

on the St. Lawrence. Learning that the St. Lawrence was controlled by the British fleet, three of the vessels sought shelter in the Restigouche River while awaiting instructions from Montreal. Here they were found by a British squadron from Louisbourg commanded by Captain Byron. There then ensued seventeen days of fighting, the end coming on July 9th nearly opposite the site of the present town of Campbellton. The other two vessels were set on fire by the French when their position became hopeless. The Marquis de Malauze contained sixty-seven prisoners and was abandoned. Once the prisoners were rescued, however, the British set her afire.

This Battle of the Restigouche was the last real clash between France and England for control of this continent and the only naval engagement of any account fought in New Brunswick waters. The hull of the Marquis de Malauze was raised in 1930 and can be seen in the founts of the Capucin Monastery at Cross Point, P.Q.

Quebec—The wood of the gavel is a part of a red oak beam which was removed, during alterations, from the Armoury Building, erected around 1837 inside the walls of the Citadel of Quebec.

The Citadel overlooking the historic battlefield of the Plains of Abraham where the fight for Canada of 13th September 1759, crowns Cape Diamond and forms the left flank of the old walls of Quebec.

The construction of the ramparts, buildings, etc., started in 1820, to be continued over thirty years.

The Citadel has retained relics of the French regime such as the Redoubt of Cape Diamond (1693) and the ancient powder magazine (1750) now transformed into a museum.

British troops garrisoned the Citadel until relieved by Canadian Units in November, 1871. The Royal 22nd Regt. has occupied it since 1920.

The main part of the same red oak beam from which this wood is taken, was worked by l'Ecole du Meuble in Montreal into a wonderful large table and donated by the Province of Quebec to the Officers of the Royal 22nd Regt. The table now ornates the mess of the officers in the Citadel.

Ontario—This piece of wood has been secured from Fort York at Toronto. The original Fort York was built by Governor Simcoe at the mouth of a creek, afterwards known as Garrison Creek, which has disappeared long since. It was constructed when decision was made to establish the capital of Upper Canada at York (now Toronto) and probably the first permanent building to be erected in the area. While being constructed, Governor and Mrs. Simcoe lived across the creek in a canvas structure, there being no housing. During the war of 1812-14 the fort was practically destroyed through two attacks by the enemy. By 1816 it was rebuilt in a more solid character. The municipality became incorporated as a city in 1834 under the name of

Toronto but the name of the fort remained as York. By this period York became too small to accommodate the growing militia and Stanley Barracks was built nearby. Through neglect the old fort was allowed to fall into a more or less ruinous condition. During the preparations for celebrating the Toronto Centennial (1934) a strong agitation sprang up for restoration of the fort. The result was that detailed restoration on the plan of 1816 was made and the opening celebrated fittingly on May 24th, 1934.

Manitoba—The wood representing this province originates from Fort Prince of Wales located at the mouth of the Churchill river, near Churchill, Manitoba, which was commenced in 1732 and finished in 1772. It was second only to Quebec in being the greatest stone fortification in America. The walls in places being thirty inches thick, not more than ten men at a time worked on it, and so it took forty years to complete. A French fleet under Comte de la Perouse took it in 1782 and destroyed it. It was held by Governor Samuel Hearne, he had forty-two cannons and a garrison of thirty-nine men. It has always been a mystery why it was surrendered without a shot being fired. It was the centre from which most of northern and much of Western Canada was explored in the early days. There is some hope it may be rebuilt at least in part, as it was of great historic importance in the early days of the West.

Saskatchewan—During the search for suitable pieces of wood representing each province, it became known that a certain kind of wood officially represents each province. The wood denoting Saskatchewan is poplar and the piece submitted comes from the northern part of that province.

Alberta—Lodge-pole pine is the official wood for Alberta and the section representing this province is of this kind of wood.

British Columbia—The section representing British Columbia is a piece of wood (oak) from the S.S. Beaver. The sidewheeler Beaver was the first steamer in the North Pacific. Built in London in 1835 for the Hudson's Bay Company, she crossed to the Pacific Coast via Cape Horn, under sail, and at Fort Vancouver on the Columbia River her engines were installed. Until 1874 she plied the coastal waters of what is now the state of Washington and the Province of British Columbia, trading with the Indians and carrying officers of the Company on important missions.

In 1858, she took Governor Sir James Douglas and Chief Justice Sir Matthew Begbie to Fort Langley near the mouth of the Fraser, where the creation of the Province of British Columbia was proclaimed. In 1874 she was sold and became a tow boat for a lumber firm; fourteen years later she was wrecked on Prospect Point at the mouth of Vancouver Harbour—in 1892 she broke up.

ASSOCIATION MEETING

There remains for description the parts of the gavel, other than the head.

The Handle

After due consideration it was deemed suitable that the handle should possess some national significance. In view of the relationship between the provincial dental bodies and the Canadian Dental Association, the wood for the handle was secured from C.D.A. Headquarters when alterations were made at the time of purchase. Maple is Canada's national wood. This wood is heart maple and symbolically represents the centre or heart of things related to Canadian dentistry.

The Key

Symbolically the key is meant to represent the holding together of all parts of the gavel. It is made from a piece of elk's horn, an animal which has considerable national significance in Canada.

The Ebony Spots

On the ends of the head will be observed circular pieces of ebony. These were cut from the end of an old black ebony bookkeepers' ruler, being at least 125 years old and an heirloom now owned by the present C.D.A. Secretary, having been passed down through his family. These rulers, as used of old by bookkeepers, sometimes appear symbolically as emblems of administration.

THE MAKING

The significance of the gavel is greatly enhanced for the profession in that it has been made by a dentist. The maker is Dr. P. G. Anderson, who has laboured sincerely and conscientiously on the task during his term as President-elect of the Association.

THE PRESENTATION

The presentation of the gavel was made to President A. J. Coughlan by Dr. Harvey W. Reid, Past-president, Canadian Dental Association, at the opening session of the Board of Governors at St. Andrews by-the-Sea, September 1st, 1954.

(A duplicate of this gavel is being presented by the Association to the National Dental Examining Board).

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Dent.

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TRANSACTIONS
OF THE
CANADIAN DENTAL
ASSOCIATION



ANNUAL MEETING
TORONTO, ONT.
MAY 11-14, 1955

I

TRANSACTIONS
OF THE
CANADIAN DENTAL
ASSOCIATION



ANNUAL MEETING
TORONTO, ONT.
MAY 11-18, 1955

TRANSACTIONS

CANADIAN DENTAL ASSOCIATION

ANNUAL MEETING

ROYAL YORK HOTEL, TORONTO

May 11-18, 1955

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ATTENDANCE AT BOARD OF GOVERNORS MEETING

Toronto, May 1955

1st Ses. Wed. May 11 2 p.m.	2nd Ses. Thurs. May 12 2 p.m.	3rd Ses. Fri. May 13 9 a.m.	4th Ses. Fri. May 13 2 p.m.	5th Ses. Fri. May 13 8 p.m.	6th Ses. Sat. May 14 9 a.m.	7th Ses. Sat. May 14 2 p.m.
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Coughlan, A. J.	v	v	v	v	v	v
Cline, H. M.	v	v	v	v	v	v
Dewis, G. M.	v	v	v	v	v	v
Duffy, L. I.	v	v	v	v	v	v
Johnson, K. M.	v	v	v	v	v	v
McIntyre, R. R.	v	v	v	v	v	v
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Ratté, G.	v	v	v	v	v	v
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Winn, R. O.	v	v	v	v	v	v

*R. P. Lowery officially represented C. M. Purcell when absent from sessions.

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Charette, R.						v
Ellis, R. G.	v	v		v	v	
Lowery, R. P.	v	v	v		v	v
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Skilling, H. R.		v	v	v	v	v
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ATTENDANCE AT BOARD OF GOVERNORS MEETING

Toronto, May 1955

	1st Ses. Wed. May 11 2 p.m.	2nd Ses. Thurs. May 12 2 p.m.	3rd Ses. Fri. May 13 9 a.m.	4th Ses. Fri. May 13 2 p.m.	5th Ses. Fri. May 13 8 p.m.	6th Ses. Sat. May 14 9 a.m.	7th Ses. Sat. May 14 2 p.m.
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de Montigny, G.	v	v	v	v	v		v
<i>Members:</i>							
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Brown, H. K.	v		v	v	v	v	v
Cameron, A. A.						v	v
Cameron, G. L.	v	v	v	v		v	v
Christie, P. S.	v	v	v	v	v	v	v
Clay, John							v
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Kohli, F. A.	v					v	v
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<i>Others:</i>							
Sexton, W., Virginia, USA Pres. of I.C. of Dentists						v	

BOARD
OF
GOVERNORS

OFFICIALS

1954-1955

(For 1955-56 Officers see page 165)

Officers

<i>President</i>	- - - - -	P. G. ANDERSON, Toronto, Ont.
<i>Immediate Past President</i>	- - - - -	A. J. COUGHLAN, St. John, N.B.
<i>President-elect</i>	- - - - -	R. R. McINTYRE, Calgary, Alta.
<i>Secretary-Treasurer</i>	- - - - -	DON W. GULLETT, Toronto, Ont.

Executive

P. G. ANDERSON, A. J. COUGHLAN, R. R. McINTYRE

A. G. RACEY, K. M. JOHNSON

Board of Governors

HAROLD M. CLINE	- - - - -	1428 Medical-Dental Bldg., Vancouver, B.C.
R. R. McINTYRE	- - - - -	3027 - 3rd St. W., Calgary, Alta.
J. P. WHYTE	- - - - -	Swift Current, Sask.
K. M. JOHNSON	- - - - -	314 Somerset Bldg., Winnipeg, Man.
C. M. PURCELL	- - - - -	98 Pembroke St. W., Pembroke, Ont.
P. G. ANDERSON	- - - - -	170 St. George St., Toronto, Ont.
C. L. STRACHAN	- - - - -	260 Queens Ave., London, Ont.
R. O. WINN	- - - - -	Medical Arts Bldg., Kitchener, Ont.
G. RATTE	- - - - -	140 rue St-Jean, Quebec, P.Q.
A. G. RACEY	- - - - -	1414 Drummond, Montreal, P.Q.
A. J. COUGHLAN	- - - - -	20 Dorchester St., St. John, N.B.
G. M. DEWIS	- - - - -	269 Gottingen St., Halifax, N.S.
L. I. DUFFY	- - - - -	Queen St., Charlottetown, P.E.I.
F. A. JANES	- - - - -	Glynmill Inn, Corner Brook, Nfld.

FOREWORD

These Transactions contain the reports and the actions taken thereon at the Annual Meeting held in Toronto, May 11th-18th, 1955. The work of the Association for the preceding year culminates at the Annual Meeting.

All reports to be considered at the Meeting are submitted well in advance of the meeting date. These are prepared and submitted for study to Reference Committees, which are established each year by the Executive. The Chairmen of Reference Committees lead the discussion on the respective reports at the sessions of the Board of Governors. During discussion the reports may be amended, in which form the reports appear herein. The actions taken on the reports will be found following each report.

The distribution of the Transactions to members is for the purpose of keeping the membership fully informed. If more information is desired upon any matter effort will be made to answer upon inquiry being received by the Secretary.

16 June '55.

REPORT OF PRESIDENT TO BOARD OF GOVERNORS

1. Less than nine months ago this Board of Governors was in session in that beautiful setting at St. Andrews-by-the-Sea. I must assure you that since that time your officers and committees have had a particularly busy time. Obviously, what would ordinarily be considered a full year's assignment had to be covered in a much shorter time. It has only been the splendid spirit of co-operation on the part of so many men actively associated with our association and their sincere desire to be of service to their profession, that so much has been achieved in so short a period.

Board of Governors:

2. For this year our Board of Governors remains intact except for the representative from Prince Edward Island. I welcome to this Board Dr. L. I. Duffy of Charlottetown. May I assure him that we are anxious that he feel free to participate in all our discussions and decisions. To his predecessor, Dr. H. E. Clark may I express the appreciation of the Board for his contributions.

Visitations:

3. Since last September, your President and Secretary have visited and taken part in the organized dental society and association meetings in the following centres:—The American Dental Association House of Delegates meeting and Association meeting in Miami, Florida; St. Johns, Nfld.; Quebec City, Que.; Montreal, Que.; Sudbury, Ont.; Winnipeg, Man.; Saskatoon, Sask.; Regina, Sask.; Edmonton, Alta.; Faculty of Dentistry, University of Alberta; Calgary, Alta.; Lethbridge, Alta.; Penticton, B.C.; Vancouver, B.C. and Victoria, B.C. Canada is a large country and distances are great but visits from Canadian Dental Association headquarters do appear to serve a very useful purpose.

To illustrate:—

- (1) Having a Secretary who has served in that office since the re-organization of the association in 1941, his visitations do provide the outside societies with an encyclopaedic source of information from which related information may be obtained.
- (2) It brings a personal contact to the membership at large from the headquarters office. To maintain a united profession — which is so vital in these changing times — this is important.

Committees:

4. For the past two years I have been privileged to attend most of the meetings of the following committees:—Council on Dental Education; Pub-

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lications; Health Insurance Studies; Hospital Dental Services; Housing; Public Relations and Research. To observe these committees at work is worthy of comment and I know the same spirit and effort prevails in all the committees of our Association. They work unselfishly, at much inconvenience to themselves and with a determined interest of well-being in the profession and in the association. They are people who keep our association going and developing so satisfactorily. We are in their debt. But there is one observation I should like to make. From the meetings of this Board there should come to the committess not only comments of approval or disapproval but wherever possible suggestions or objectives for the future. This is highly desirable. Too frequently a committee (of which many of the members may not be regularly at the meeting of the Board of Governors where they can get a comprehensive picture of activities) is left to its own devices and projects — which is to be commended for it brings about many new ideas — but as we all know, planned and projected objectives tend to a direct uniformity of progress. It would appear that the Board of Governors being in a position to survey and appraise activities in the Association, should at least indicate an objective, to assist the committees in their plans for future development.

5. In the same vein of thinking as indicated above, where it is possible committees might be urged to set up projected plans of activity. This would help the Board of Governors to plan and at the same time provide for future committee development. The projected plans may be altered according to circumstances but it would serve as a guide for Board of Governors policy making which is the vital task of that body and at the same time be a guide for the committees involved.

Professional Interest:

6. During the last half century there have been many side lights or changes that have been introduced into the fields of the health professions and indeed all professions. Many conditions or situations are now handled by government and administrative agencies that years ago were handled by the individual or by the people most closely concerned. This may be a good situation but with this change there is a danger; a profession may and can lose much of its identity and may come to realize that much of its activity — not as practice but as a profession — is dependent upon other conditions beyond control of that profession or even professions. I trust I may be forgiven to mention what is in my mind but I cannot help but observe that our thinking is focussed in too professional a scope and does not keep in mind enough of the thought of the relation of dentistry to other professions and indeed the outlook of professions as a group. I would suggest that you give some thought to the idea that some body of the Canadian Dental Association be set up to meet by itself or with other professional organizations to study and observe the position of the professional man in our scheme of things.

7. In the field of health services the Federal, Provincial and Professional relationships have been steadily brought into a much sharper focus. So much of what has been accomplished has come about because of a well established, sincere and friendly liaison on the professional, public and governmental levels that has existed. The secretary has tried to maintain and develop this and has succeeded to such a degree that an invitation was extended to present before the combined committees of the House of Commons and the Senate, in Ottawa, an outline of the status of dentistry in Canada. These things are vitally important to us. In an effort to get to the centre of the Social Health picture, high level governmental bodies are anxious in their preliminary informative discussions to deal directly with the professions through a custodian who has been in a position to observe the trends and patterns as they take shape in the activities of a profession. The burdens of the office of the secretary have to a degree prevented as much being done in this respect as I am sure the secretary himself would have desired to see done, but if in some manner more time could be directed in this respect there is no doubt the position of our profession would be enhanced. Your observation in respect to this would indeed be appreciated.

Association Sections:

8. At the last meeting of this Board considerable discussion took place in connection with the setting up of sections in the Canadian Dental Association. In an effort to assist the sections to develop more fully the original thoughts that were in mind when the sections were first provided for — that is, to not only develop greater specialized interest at home but as well to provide greater opportunity for the general practitioner — it is suggested that the sections outline a general practitioner interest programme that may be used to keep the section interest and the general interest stimulated and active.

Young Membership in the Profession:

9. I have been impressed with the interest that has been shown by the young men in the organized aspects of our profession. Though it does not come within the province of this Board to suggest, I do feel, however, it would be most desirable to have contact with the Dental Faculties to ascertain their feeling in respect to representatives of organized dentistry speaking to their graduating students on organized dentistry. An organization can only be as strong as the interest that is displayed in it. An active young man interest would auger well for the future strength of our Association. On several occasions on our visitations across Canada where I had the good fortune to know so many of the young men, this point was raised as a desirable factor for the young dentist about to graduate; he would then not have to learn so much about the importance of the organized aspects of a profession after graduation.

Honorary Membership:

10. I respectfully submit for your consideration the method now used in election to honorary membership in the Canadian Dental Association. Under

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the present system a name submitted for honorary membership is finally approved by the Board of Governors. This is usually about two or three days before membership is to be given. It scarcely provides time to obtain consent of the candidate and make necessary arrangements. An embarrassing situation could be set up.

Progress and Direction:

11. May I be permitted to make some observations in respect to the direction of the affairs of our Association. It has been most interesting to observe the rapid development and the sound progress that has come about through the years. Each year finds an ever increasing amount of work and responsibility. That is just progress, as our professional architects had planned. In this expansion, however, one aspect has become very apparent and that is, the importance of having clearly defined decisions at our Board of Governors meetings. The activities of the Association during the years from meeting to meeting are governed by these decisions when they are most urgently needed, and unless policies are clearly set forth it sometimes hampers or delays action. New policies or actions should be stated by resolution and existing policies should be revised from time to time and reappraised for the situations and conditions do change with the passing years. We are approaching the time when because of constantly changing situations it would seem desirable that regularly some body should review the conditions that guide the workings of our Association. May I suggest that this phase of our meeting activities be given some consideration and if concurred, perhaps suggest means of implementing the effectiveness of such a procedure.

Congress:

12. May I suggest that you give serious consideration to the thought that the International Dental Congress be invited to Canada for its next meeting after the Congress meeting in Rome. That would be the year 1962. It may seem like a long time away but the invitation would have to be prepared before the 1957 Congress meeting. Since Canada has never had a Congress meeting and since so much interest from foreign lands is centered on Canada, it would seem the time is not too far off when our country should be the host.

13. In conclusion may I say a few words for myself. To serve as your President has been an honour. It, too, has been a most interesting year. At times I have been both startled and humbled for my efforts have been so little with so much to do. But our predecessors have planned wisely and with caution, and have set patterns that can only auger well for the future of our profession. To all of them — our thanks. To all of you, the members of this Board of Governors, the Executive and the Committee chairmen, and the committee members; the Secretary and the headquarters staff, and to all who have so kindly taken part in thought, in ideas and in action my very sincere thanks.

COMMENT AND RECOMMENDATIONS

1. Concur. We commend the President and his associates upon their accomplishing a year's work in a comparatively short time.
2. Concur.
3. We highly commend the President and Secretary for their coast to coast visitations and feel assured that much benefit has been derived therefrom.
4. & 5. We concur heartily in the President's commendation of the work of the Committees.

We consider as most constructive the President's recommendation that committees receive guidance from the Board of Governors toward definite objectives. It is hoped that this recommendation be implemented wherever possible.

6. & 7. We commend our President for his realistic recognition of the changing conditions within the professions, and for his practical suggestion respecting inter-professional relations.

Every member of our Association is proud of the example used by the President to illustrate this point, namely — the presentation before the combined committees of the House of Commons and Senate by our Secretary which has done credit to our profession and we extend our sincere thanks for his able presentation.

We concur with the President that it is highly desirable that more time be made available to the Secretary for these important activities on behalf of our Association.

8. We concur that the objectives of the specialized groups within this Association be mutually advantageous to both the members of the specialized groups and to the membership at large.

9. We concur with the President's suggestion that dentists about to graduate receive instruction respecting the importance of organized dentistry. We recommend that the Deans of the dental schools be requested to implement this suggestion.

10. We concur with the President's suggestion and recommend that study be given by the By-laws Committee to find suitable means of rectifying this situation.

11. We concur that clearly defined decisions are necessary to the successful functioning of this Association. We look to the Executive Committee for implementation of this suggestion.

12. We recommend that this suggestion receive the careful consideration of the Board of Governors.

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13. We feel that every member of the Association will join with us in expressing our sincere thanks to our President for his outstanding contribution to dentistry and his constructive leadership during his term of office. His efforts combined with those he has included, has contributed to a most successful term of office. We hope that his valued services to the Association may be continued for many years.

We recommend the adoption of the Report of the President.

Approved

RESOLUTION RE INTERNATIONAL DENTAL CONGRESS 1962

That the Executive give study to the possibility of holding the International Dental Congress in Canada during the year 1962 and report back to the next Annual Meeting.

APPROVED

MEMBERS OF NECROLOGY COMMITTEE: Don W. Gullett, Chairman, Toronto, Ont.; R. A. Rooney, Edmonton, Alta.; L. J. D. Fasken, Regina, Sask.; J. F. Morrison, Winnipeg, Man.; Denis Forest, Montreal, P.Q.; S. K. Wetmore, Saint John, N.B.; G. M. Dewis, Halifax, N.S.; Heath McIntyre, Charlottetown, P.E.I.; E. P. Kavanagh, St. John's, Nfld.; E. C. Jones, Vancouver, B.C.

REPORT

Your Necrology Committee reports with regret the loss of the following members since the last meeting.

Armstrong, John Wesley	-	-	-	-	-	Toronto, Ont.
Asselstine, Currts Willie	-	-	-	-	-	Toronto, Ont.
Audet, J. L.	-	-	-	-	-	Montreal, P.Q.
Babcock, Frederick Ernest	-	-	-	-	-	Milton, Ont.
Bannerman, A. L.	-	-	-	-	-	Beausejour, Man.
Belanger, L.	-	-	-	-	-	Montreal, P.Q.
Bell, James Wickliffe	-	-	-	-	-	Hamilton, Ont.
Bruce, Ernest Edward	-	-	-	-	-	Kincardine, Ont.
Carris, J. A.	-	-	-	-	-	Prince Albert, Sask.
Carter, Norman R.	-	-	-	-	-	Vancouver, B.C.
Cleave, Paul	-	-	-	-	-	Neepawa, Man.
Cleveland, Henry Ross	-	-	-	-	-	Montreal, P.Q.
Davis, Wilbert Glenn	-	-	-	-	-	Toronto, Ont.
Day, Percy Lewis	-	-	-	-	-	Harrowsmith, Ont.
Dionne, Arcadius	-	-	-	-	-	St. Jerome, Que.
Dougan, F. C.	-	-	-	-	-	Charlottetown, P.E.I.
Douglas, Harvey Lee	-	-	-	-	-	Lloydminster, Sask.
Frain, James Henry	-	-	-	-	-	Norwich, Ont.
Gabriel, Gerald James	-	-	-	-	-	Weyburn, Sask.
Gibson, J. L.	-	-	-	-	-	Calgary, Alta.
Gilbert, Cecil Stanley	-	-	-	-	-	Newmarket, Ont.
Gitterman, Benjamin I.	-	-	-	-	-	Regina, Sask.
Green, John Carruthers	-	-	-	-	-	Peterborough, Ont.
Guthrie, James Campbell	-	-	-	-	-	Port Elgin, Ont.
Holt, T. J.	-	-	-	-	-	Hanna, Alta.
Lawson, Gordon Redvers	-	-	-	-	-	Minto, N.B.
Lockhart, Arthur Alexander	-	-	-	-	-	Summerside, P.E.I.

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Lumsden, Joseph Howard	-	-	-	-	Ottawa, Ont.
Mair, Arthur Baxter	-	-	-	-	Detroit, Mich., U.S.A.
Marshall, Vivian Clifford	-	-	-	-	Desbarats, Ont.
Matthewman, George Patrick	-	-	-	-	Ottawa, Ont.
Matthison, Charles Hoyland	-	-	-	-	Vancouver, B.C.
McCallum, Roderick Joseph	-	-	-	-	Alexandria, Ont.
McCubbin, Marjory	-	-	-	-	Vancouver, B.C.
McGill, Thomas Nodwell	-	-	-	-	Toronto, Ont.
McGregor, Edward Franklin	-	-	-	-	Ottawa, Ont.
McKay, Edward Robertson	-	-	-	-	Biggar, Sask.
Melanson, Thomas	-	-	-	-	Weymouth, N.S.
Millett, Earl S.	-	-	-	-	Dartmouth, N.S.
Moser, John Earl	-	-	-	-	Toronto, Ont.
Murphy, C. R.	-	-	-	-	Windsor, N.S.
Musgrove, George Johnston	-	-	-	-	Guelph, Ont.
Parent, Victor	-	-	-	-	Montreal, Que.
Parry, Arthur Owen	-	-	-	-	Toronto (Keswick), Ont.
Pollock, Frank	-	-	-	-	British Columbia
Ross, John Franklin	-	-	-	-	Toronto, Ont.
Ross, Walter	-	-	-	-	Saint John, N.B.
Scott, Thomas Neil	-	-	-	-	Toronto, Ont.
Sheehy, Robert Albert	-	-	-	-	Peterborough, Ont.
Shute, James Fuller	-	-	-	-	Quesnel, B.C.
Sirois, G. J. Maurice	-	-	-	-	Mont Joli, Que.
Somers, Stuart M.	-	-	-	-	Drumheller, Alta.
Walt, Charles Finlay	-	-	-	-	Orangeville, Ont.
Winn, Norman Dingwell	-	-	-	-	Toronto, Ont.

REPORT

1. Effort is made in this report to bring to your attention certain matters not contained in other reports. In addition some general observations are contained for discussion purposes.

2. Administration

The importance of decisions made at the Annual Meeting is emphasized as the work of your headquarters during the year is largely governed by the decisions made here. Policies adopted should be clearly stated in such form as may be used as the occasion arises in the future. The adoption of new policies or the alteration of former policies should be delineated in carefully prepared resolutions or statements by the reference committees for the consideration of the Board. Unless this procedure is followed the intended action is often left in doubt.

3. Personnel

The annual statistical returns, as of January 1955, show that the number of dentists in Canada increased by 52 during the year 1954. During 1954 the ratio of dentists to population fell from one to 2790 to one to 2838. The number of graduates from the schools during 1955 will be approximately the same as for 1954. The number of deaths and retirements has shown a tendency to increase during recent years. This factual evidence tends to indicate that improvement in the personnel situation cannot be anticipated until increased teaching facilities are actually producing more graduates. Continuing action is necessary, directed toward the securing of adequate teaching facilities as rapidly as possible.

4. President's Visitations 1955-56

Plans have been initiated to make the visits of the President during the forthcoming term educational in nature. It is proposed to arrange panel discussions on the subject of organized dentistry at the local society meetings where visitations are made. It is hoped to have the C. D. A. Governor and a representative of the provincial Board (Council) in the respective provinces act with the President and Secretary of the C. D. A. as panel members. This type of program has proven of great interest in a few localities and it is now proposed to give it wider coverage.

5. National Cancer Institute

The Annual Meeting of the National Cancer Institute was held earlier this month in London. It was my pleasure to attend as your representative. We are indebted to the Institute for some eight copies of a film entitled "Oral

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Cancer". Five of these copies were distributed to the dental schools and three retained at Headquarters on loan. Also the Institute provided the Association with an additional supply of monographs entitled, "Mouth Cancer", which is supplied to the members of the graduating classes each year. Members of the dental profession are considered to be in the front line for detection of early carcinoma.

6. Tariffs

The abolishment of the tariff on dental chairs, dental units, dental engines, and the parts thereof, as contained in the 1955 Federal Budget, brought realization to one of the Association's long term efforts. This action should mean a reduction in cost to new graduates and older practitioners in purchasing new equipment.

7. Survey of Dental Practice

The survey will be dealt with elsewhere in these proceedings. However, the uses of the established figures are not confined to the work of any one committee. Since these data were established constant use has been made of them in Headquarters work. A large percentage of information requested by authorities is of the type contained in the survey. The resulting tabulations give some degree of authenticity not possessed previously by the profession. The value cannot be over-emphasized. It is pointed out that data of this nature becomes rather rapidly out of date for acceptability.

8. Printing

Owing to the greatly increased costs of printing, it became necessary to curtail desirable activities in this field. The establishment of an offset press in the Headquarters has reduced costs of production on many items with the result that the distribution of literature has increased many times that of any previous year. Effort has been made to supply a demand at minimum cost in order to secure wide coverage.

9. Income Tax

(a) For several years certain deductions for expenses in attending specified conventions have been allowed as deductions for income tax purposes. One practitioner during the past year appealed a ruling as to the amount of the deduction. When this appeal was heard before the Appeal Board the whole amount was disallowed, thereby creating a precedent. Appeal is now being taken before the Court of Exchequer by the Canadian Medical Association. It is hoped that a favourable decision is obtained, otherwise this privilege will be in jeopardy. In such circumstances the only recourse will be to seek amendment to the Income Tax Act.

(b) Further effort has been made during the year both through the Joint Committee (C.M.A., etc.) and by the Association alone to secure the deduction

of reasonable amounts of annuity payments as deductions for income tax purposes. In our opinion some minor progress has been made but there is no assurance of adoption as yet. This effort will be continued.

10. Unionization of Technicians

In several instances the position of organized dentistry respecting the unionization of technicians has been questioned. At least two provinces have taken a definite stand on this matter. The fact is that under existing legislation such groups of individuals have the right to form a union. It is most questionable if organized dentistry should in any way attempt to interfere in such activity and it would be well to clarify our position.

11. Incorporation

(a) The matter of incorporation of dental practice has arisen on several occasions. In the majority of cases incorporation is prohibited in dental practice legislation. Most of the other professions definitely prohibit incorporation while in others the point is not clearly covered. In addition to the legal status of the matter there arises an ethical side to the question.

(b) Incorporation is primarily established for two main reasons: first to absolve the individual from responsibility and secondly for the purpose of paying dividends. Neither of these reasons is professional in aspect. Each practitioner stands on his own responsibility and the payment of dividends is a commercial activity.

(c) Undoubtedly the rise of this question is connected with the question of taxation whereby it is thought that some advantage may be possible thereby. Legal opinion is to the contrary. Even if such were temporarily secured we can be assured that an advantage of this nature would be short-lived.

(d) The position taken by the profession on this subject is of importance and it is suggested that a stated policy be adopted.

12. International Dental Federation

(a) The next Congress of the International Dental Federation will be held at Rome, Sept. 7 - 14, 1957. Preparations for the Congress are well underway. Those members intending to attend the Congress should make it known to C. D. A. Headquarters so that adequate arrangements can be made.

(b) Canada has only 15 Supporting Members of the F. D. I. and this number should be augmented. The annual fee of \$9.00 includes subscription to the quarterly F. D. I. Journal which is an excellent publication covering international dentistry.

(c) Through affiliation with the World Health Organization the F. D. I. has sought the establishment of a permanent dental health program in WHO. This effort has been supported by member national associations through their respective national governments. Last January WHO executive board approved

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the submitted program and recommended appropriation for establishment. It is anticipated that adoption will occur at the 8th World Health Assembly of WHO meeting this month.

13. Matters of Concern

(a) The potentialities of this Association are largely determined by evidences of stability. Its future depends upon it. The successful implementation of projects rests almost wholly upon such evidence. Unquestionably, spiritual support, stability of official personnel and financial stability are of utmost importance. The strength of an association is not developed so much by day to day operation but rather from long term and consistent planning. Little of a permanent nature is accomplished through short term effort. Real progress comes from consistently working toward long term objectives. Continuity of effort, confidence and sincerity of purpose are attributes essential to the activities of an association and these all depend upon stabilization.

(b) A point, perhaps not fully comprehended, is that established plans for hospital and medical care stand ready to meet future demands. Canadian dentistry has no plans in action, with one or two minor exceptions. It should be noted that the rules and regulations of the formulated plans active in these other health fields on this continent were established by the professions involved. The situation may easily be reached where for the lack of existing administrative machinery, groups outside the dental profession may force entrance into the practice of dentistry by developing plans to suit their own purposes.

(c) Observation is made in professional literature today that the professions do not occupy the position of respect in society, once occupied. At the same time, during recent years, we have heard considerable talk about the necessity of employing experts in public relations to assist our position. If these two points are considered side by side, the only possible conclusion is that the one thought reflects the other. If this be true then it is not reasonable to propose the thesis that a public relations program must be proposed, developed, and maintained by those who first know dentistry and dentists. All else is secondary. Perhaps the expansion of activities in this field, already made, is not fully realized by all. Experience has taught that successful effort must be gradual and consistent. No miracles are accomplished by spasmodic effort. Public relations for a profession takes on many forms and a real knowledge of the profession concerned is essential by any individual directing such a program. Some policy should be available for guidance. It is suggested that the policy should be one making the best use of the Association's facilities assisted by advice from outside the profession, when feasible. If problems of this nature exist and they do, it appears reasonable to think that they were not completely caused by the public and we cannot expect rectification from efforts by those outside the profession.

(d) Problems relating to legislation will be reported elsewhere during this meeting. It should be pointed out that year by year legislative difficulties

have been increasing. On the surface these matters, for the most part, are related to the efforts of minority groups among dental technicians. However, it should be recognized that other underlying factors are involved. Otherwise these minority groups would not receive the serious consideration of legislative bodies which is so apparent. Crises are not the best times for the profession to present new proposals as alternatives. The practice of prevention by continuous vigilance is a more desirable procedure.

(e) Much of the criticism levelled against the profession is unjustified. However, it is essential that answers to critical observations be available for use. The criticisms offered against the profession are chiefly on economic and ethical points. The statistics evolved from the economic survey are proving to be most effective in dealing with the economic side. Questions arising in respect to professional conduct demand serious consideration. As a result of legislative difficulties in some provinces special arrangements have been set up to deal with these matters, which are to be commended.

14. The work of this office has been lightened by the great number of members who have so generously given of their time for the benefit of the profession.

COMMENT, RECOMMENDATIONS AND RESOLUTIONS

1. Noted.
2. We recognize the importance of this paragraph and trust that wherever possible, all reference committees will abide by this request.
3. We strongly recommend concerted and continued effort by the Association in bringing to the attention of the proper authorities the urgency of meeting increased requirements of trained dental personnel.
4. We endorse this proposal.
5. Noted and we ask permission of the Secretary to quote a resolution prepared by him and which may not appear elsewhere in the distributed proceedings:

“Members of the dental profession are considered to be in the front line for early detection of cancer.

Up to the present time the Association has never taken any position on this matter. The following resolution in keeping with the above explanation is suggested:

Whereas, cancer is the second greatest cause of death; and

Whereas, early detection is the best known preventive measure known today; and

Whereas, the members of the dental profession see their patients with regular frequency; therefore be it

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Resolved, that renewed effort be made in the undergraduate teaching program and in graduate education through courses and clinics to further educate members of the dental profession in early diagnosis of cancer in cooperation with other agencies fighting this dread disease."

6. This illustrates the value of continued effort in reaching an objective.
7. Economic situations change rapidly and the value of these surveys may quickly become obsolete, we therefore recommend that future surveys be conducted when considered advisable.
8. We note with satisfaction the annual saving to the Association by the present set up.
9. (a) This paragraph came in for a lengthy discussion and it is our opinion that the best method of dealing with this situation is to present a resolution for the approval of the Board:

Whereas, dentistry is essentially a health profession, and

Whereas, it is important to build, promote and maintain such health organizations in Canada, and

Whereas, serious study to the problem of dental health is producing rapid advances through accepted methods of procedure, and

Whereas, most of these advances first appear at dental conventions through the presentation of scientific papers, the demonstration by noted clinicians of the proper use of available materials, and

Whereas, attendance at said convention enables the dentist to keep in touch with the latest developments both in technique and equipment, thus enabling him to render a superior service to the public, and

Whereas, Canadian dentists are widely distributed geographically thereby entailing considerable expense for attendance, and

Whereas such attendance results in improved health service to the public, and

Whereas, this attendance provides occasion to discuss with his fellow dentists what may be most practicable to him, thereby enabling him to increase his financial return, therefore be it

Resolved that the Department of National Revenue be requested to continue the allowance of deductions of legitimate expenses for attending specified conventions.

(b) We herewith present the following resolution:

**RESOLUTION RE
DEDUCTIBILITY OF PENSION PAYMENTS
FROM TAXABLE INCOME**

Whereas, the dentist reaches his peak earnings for a comparable short period during his life; and

Whereas, his income depends entirely upon himself and is entirely lost in the event of illness or disability unlike the man who has been established in commercial pursuits; and

Whereas, the dentist pays tax on his whole income with no choice as to the amount he will withdraw as salary or income which condition appertains in business activities; and

Whereas, the dentist on retirement relies solely upon his individual savings during his active years with no further income from his former practice on retirement; therefore be it

Resolved, that the Executive approach the Minister of Finance proposing for approval of a pension plan for the members of the Canadian Dental Association on the terms and conditions as now obtain to pension plans established by employers with payments in full to be made by the member; and further be it

Resolved, that consultations be held with other national professional organizations, where feasible, with a view to similar action on their part.

10. We suggest at the present time that this is purely a matter for the consideration of dental technicians. We recognize that they are entirely within their rights to organize or not, and we believe the C.D.A. should not take sides unless some phase should develop that in our opinion is injurious to the dental welfare of the public.

**RESOLUTION
RE
UNIONIZATION OF TECHNICIANS**

That we believe it is the right of every group to organize in accordance with the laws of the land. The unionization of dental laboratory technicians is not a problem with which the dental profession should concern itself unless, in its opinion, there is interference with the right of the dental profession to fulfil its own obligation to the dental health of the public.

11. (a) (b) (c) (d). Professions as a whole frown on the principle of incorporation among any group of professional men and most believe that each individual should assume his own full responsibility.

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At the present time several applications are before authorities for incorporation and it is doubtful if we should sanction any effort of any man to attempt to evade what is primarily his own responsibility.

We suggest to the Board of Governors that they view with disapproval any attempt at incorporation by dentists.

12. (a) Noted and approve of suggestion.
- (b) Endorse membership in F.D.I.
- (c) Express appreciation with the action of WHO in recognizing dental health among their various activities.
13. (a) Agreed.
- (b) In view of events taking place elsewhere, we suggest that various pilot plans should be established at different centres for experimental purposes, and close study be made to determine the most successful plan. We believe it is desirable to keep the initiation, establishment and supervision of these schemes under the control of the profession by proceeding now with the introduction of such plans before the initiative is lost.
- (c) We submit that it is not advisable at the present time to attempt to engage outside help for public relations, our reason being that no matter who, outside the profession is hired, their information must still come from dental sources and consequently some group or groups within the profession must still do the work to supply the needed information. We heartily endorse the second last sentence in this paragraph.
- (d) Noted and presume that this matter will be dealt with elsewhere.
- (e) This paragraph again brings up the value of the Economic Survey. We suggest that matters pertaining to professional conduct should be referred to the Committee on Ethics.
14. It is noted with satisfaction that many members of the Association have given their time and effort in the interests of the profession and trust that many more will avail themselves in the future of an opportunity to participate.

We wish in conclusion to pay tribute to the great contribution which our Secretary, Dr. Gullett, has made and is making to the welfare of our Association.

We recommend the adoption of the Report of the Secretary.

Approved

MEMBERS OF EXECUTIVE COMMITTEE: P. G. Anderson, Chairman, Toronto, Ont.; A. J. Coughlan, Saint John, N.B.; R. R. McIntyre, Calgary, Alta.; A. G. Racey, Montreal, P.Q.; K. M. Johnson, Winnipeg, Man.

REPORT

1. Since the last meeting of your Board of Governors at St. Andrews in New Brunswick, the Executive Committee have met on two occasions; one immediately following the Board meeting at St. Andrews, and the second on March 24 and 25 in Toronto. May we present for your consideration a brief survey of our activities.

Resolution Respecting a Study of D. D. P. H. Diploma in Canada:

2. As directed by the Board of Governors a small committee has been set up to study the relative Public Health diploma standings in Canada and elsewhere. As yet only progress can be reported. Comparable studies will have to be made and in time a full report will be made to this Board.

National Cancer Institute of Canada:

3. The term of office of the C.D.A. representative to this organization has expired. Dr. D. W. Gullett agreed to carry on for another term. The Cancer Institute has most generously supplied our Association with large quantities of the monograph — Oral Cancer, and eight films on the same subject. Five of these films have been distributed to the dental schools in Canada and three are retained at headquarters for distribution.

Pension - Assurance Plan:

4. The third annual report by the administrator of the Pension - Assurance Plan to the trustees indicates that the plan is progressing substantially and on an extremely sound basis. It may now be said that the plan is regarded as generally firmly established and without qualification we have yet to find any plan so comprehensive in all its aspects.

Blue Cross Hospital Plan:

5. The National Blue Cross Group has been brought into effect. Although there was less participation in the group than could have been insisted upon by Blue Cross, the Group was set up. Blue Cross felt that with the reopening, a substantial number of new members would adhere. May we point out that after the reopening of the plan in May the Blue Cross authorities feel it will be necessary in the future to exclude any present members of the C.D.A. who have not already joined, and to limit new participants to those just entering the

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profession. This move would be required to maintain the actuarial balance of the plan which already is dangerously weighted to the older age group.

Dental Laboratories:

6. Some years ago a National Dental Laboratory Association was formed. Owing to expressed opinions of some technicians in other provinces in an attempt to obtain legislation contrary to the best interests of dentistry, the Ontario Association determined to dissociate themselves from the National Association. In some provinces the stand taken by some interests in these laboratory groups is anything but desirable and the Ontario Association is to be commended in its firm stand in this matter.

1954 Convention:

7. The 1954 Convention Committees report was indeed an excellent presentation of what can be achieved by interest, enthusiasm and hard work. All will remember that splendid meeting and all would wish to convey congratulations and thanks.

Council on Dental Education:

8. Arising out of reports of the Survey Team and from deliberations of the Council on Dental Education a projected five-year programme (1956 - 1960) was outlined for the Executive. This was indeed a model of projected planning and sets a basis for progressive development. The Council on Dental Education is reporting at this meeting.

Secretary:

9. For some time there has been discussion of the need of a full time secretary in the Canadian Dental Association. You are all aware that our present secretary has served through these years in a dual capacity, that is, Secretary of the C.D.A. and Secretary-Treasurer-Registrar of the Royal College of Dental Surgeons of Ontario. The board of the R.C.D.S., in the interests of Canadian Dentistry and realizing the need for a full time Secretary in our Association, and realizing too, that the present Secretary must be relieved, as soon as possible, of some of the many duties and his health and abilities conserved for the important tasks for which he is so well fitted because of his experience and prestige, with all this in mind and in keeping with the ideals expressed on other occasions at these meetings, the Board of the R.C.D.S. are taking steps to secure a suitable assistant who eventually would take over full duties as their Secretary. Our Secretary would then be free to devote full time to the affairs of the C.D.A. This gesture of continued cooperation and interest in the welfare of the C.D.A. merits our appreciation and a resolution to that end has been forwarded to the R.C.D.S. When the arrangement becomes effective the Secretary will be serving on a full time basis.

Office Pensions:

10. Some years ago, when the activities and financial structure of the

C.D.A. had reached a stage where consideration could be given, the beginning of a salaried employees pension plan was set up. This applied at that time to the Secretary only. At that time, too, all the regulations and formalities were complied with. Recent examinations, however, revealed that unless the plan was made more comprehensive and included the salaried employees of some years standing in the headquarters office and too, was made retroactive there was danger of an unwelcoming levy against the Association. Every source of information was tapped and endless advice sought. After careful study with actuarial and legal advice and supervision, your executive unanimously adopted "The Pension Trust Agreement for the Canadian Dental Association Headquarters Office." This does not mean that every employee is pensionable. It is only those in full time employment who meet the eligibility requirements as set down in the agreement, who may participate.

Agreement of Employment:

11. With the introduction of plans that require a continuity in administration considerable discussion has taken place in connection with the office of the Secretary. There has never been, at any time, any thought other than that we have been a particularly fortunate organization to have had as our executive officer, the secretary, who has for so long a time, and with such unselfish motives, worked so sincerely in the total interests of the profession. His appointment has been on a year to year basis, and though there has never been any doubt in the minds of the Board as to the choice, let us be frank, each year the issue is never completely cleared until the appointment has been made and approved. Organizations with which our association has a very close relationship, and indeed from which our association has received assistances of many types, financial and otherwise, have at time expressed a restrained concern about the continuity of office with whom they may be dealing. In consultation with organizations similar to our own it is observed that definite arrangements of service are employed. From the point of view of the Secretary such a plan would be most desirable. Accordingly the Executive Committee instructed that an Agreement of Employment, between the Association and the Secretary, be set up on a five-year basis, the conditions of the contract to become effective July 1st, 1955. See page 17, Administrative By-Laws, Clause IV, Section 6, Election of Officers.

International Dental Congress:

12. Considerable interest has been shown in the forthcoming International Dental Congress in Rome in 1957. Several have already indicated that they plan to be at the meeting. Accordingly, Thos. Cook and Son, who are the travel agents for the F.D.I. Congress, were delegated as the official travel agents for Canadians attending the Congress. This does not mean that all arrangements have to be made through Thos. Cook. It simply means they are willing to handle any or all plans and to co-ordinate them with other plans from other countries so that guided side trips, tours, reservations, etc. could be arranged.

EXECUTIVE

Finance:

13. The report of the Chairman of Finance is always good for much discussion at any Executive meeting. His report will be presented at this Board Meeting.

The auditors statement for 1954 was approved and the same firm of Chartered Accountants, Thorne, Mulholland, Howson and McPherson, was appointed as auditors for the coming year.

The budget for 1956 was approved for presentation to the Board of Governors.

Convention 1955:

14. Hearty endorsement was given to the report of the Chairman of the Joint Convention Committee. The convention theme "Dental Progress through applied Research" was considered most fitting in consideration of the highlight features of the programme. These convention committees do a tremendous amount of work for our combined meetings and merit all our support.

Installing Officer:

15. Dr. John Clay, a Past President of the Canadian Dental Association, Calgary, Alberta, was appointed installing Officer for the Annual Meeting in May, 1955.

Honorary Membership:

16. A most prominent Canadian dentist, internationally known and renowned for his outstanding contributions in the field of research, has been proposed to the nominating committee for honorary membership. A biographical outline will appear elsewhere in these proceedings.

17. The Executive Committee recommends that the system of recommendation for honorary membership be altered. The present method (page 12 of Constitutional By-Laws) is a rather awkward one in practice.

Associate Membership:

18. Your executive approved a motion that the Associate Membership fee be raised to eight dollars. Associate members (mostly retired or inactive members) receive practically all the benefits from the Association as do the regular members. No person can become eligible for the C.D.A. Pension-Assurance Plan or Blue Cross Plan unless he is a member.

Directory of Members:

19. All systems for producing a directory are very expensive, and a directory very soon becomes outdated. It was agreed that up to one thousand copies of the C.D.A. directory be available to corporate members and a limited list, free, but general distribution be made at a fee per copy basis upon application.

Economic Survey:

20. The economic survey has produced some interesting observations in respect to the practice of dentistry in Canada. Probably one of the most valuable assets in respect to it is that now the Association can discuss in terms of statistics presented by the practicing dentists themselves and not have to take calculations by other bodies or from uninformed sources.

Executive Committee:

21. An executive committee report is the main, informative. As Chairman of the Executive Committee may I record with this report my sincere appreciation of the conscientious manner in which all members of this committee carried out their responsibilities. May I, too, and for the Executive Committee, thank all the committees for their earnest and sincere efforts in all their tasks, and for all of you may I extend grateful appreciation to the Secretary and the headquarters personnel for their untiring efforts on behalf of the Association.

COMMENT, RECOMMENDATIONS AND RESOLUTIONS

1. Noted.
2. It is recommended that the Committee be encouraged to continue their study and, if possible, to expedite action on this matter of Public Health diploma standings.
3. The following action is recommended:
 - (1) We commend the Executive for their action.
 - (2) We thank Dr. Gullett for continuing as appointee to the National Cancer Institute of Canada.
 - (3) We thank the Institute, on behalf of this Board, for the monograph "Oral Cancer" and for the eight films on the same subject.
4. Pension - Assurance Plan. The following resolution is recommended:
Whereas the C.D.A. Pension - Assurance Plan has been in operation for some time.

Resolved that a review be taken by the Executive in co-operation with the Trustees, as to the service supplied by the C.D.A. Pension - Assurance Plan Administrator.

5. Blue Cross Hospital Plan. It is recommended that there be supplied to the members of the Board of Governors at an early date, a detailed statistical report as to the present status of the C.D.A. National Blue Cross Plan.
6. Informative.

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7. We join in the congratulations and thanks to the 1954 Convention Committee.
8. No comment as this will be dealt with under other reports.
9. (1) The expressions of high regard for our Secretary are heartily endorsed by this committee.
(2) The resolution respecting fine co-operation of the Board of the Royal College of Dental Surgeons of Ontario is also heartily endorsed.
10. Office Pensions. The Executive should be commended for its diligence in providing a solution to this vexing problem. Provision of a pension scheme is in line with good modern business practice.
11. Agreement of Employment. We recommend the endorsation of the agreement. This is in line with a suggestion made at the last meeting of the Board of Governors.
12. Noted.
13. No comment. Discussions properly under the Report of the Chairman of Finance.
14. No doubt a formal resolution of commendation to the Convention Committee of 1955 will be forthcoming.
15. No comment.
16. No comment.
17. Honorary Membership. It is recommended that we change nothing in the procedure except that, once the Executive has chosen men for Honorary Membership, the Executive receive the approval of the Board of Governors, leaving to the Executive the time limit for approval.
18. Agreed.
19. A good procedure.
20. It is suggested that, if feasible, the Economic Survey be prepared in pamphlet form and be made available on request, at a nominal cost.
21. The Executive should be commended for discharging the exceptionally heavy duties of this Association, in the past year, with extreme diligence and ability.
22. It is recommended that the Report of the Executive Committee be approved with the foregoing recommendations.

Approved

RESOLUTION RE 1956 CONVENTION

That the matter of obtaining special cars for attending the C.D.A. Convention in Banff, 1956, (on the 'Canadian') be referred to the Executive for their consideration.

Approved

REPORT

1. This is the third year that the financial position of your Association has been urgently drawn to your attention. You will note from this report that we had to budget for a deficit of almost twenty thousand dollars. Your Executive Committee spent much time and study on this report in March of this year. So that you will be familiar with complete financial picture, you will find a review of last year's report, also the action taken on the report by the different reference committees at St. Andrews-by-the-Sea in September 1954.

2. The time has arrived when you will have to make a decision in reference to the amount of per capita tax.

You will remember that the Executive Committee gave direction to the Chairman of the Finance Committee to prepare and present to the Board of Governors a report showing "the needs of the Canadian Dental Association." To do this, I contacted eight or nine Chairmen of Committees who needed money badly to carry on the necessary work of their several committees. From their reports to me, from information I received from the Secretary of our Association and from my own knowledge of the financial needs of the Association, I was able to present the following to the Board of Governors at their annual meeting held at St. Andrews-by-the-Sea, N.B., in September 1954.

(See Part C — Report on Finance to Board of Governors, page 26, 1954 Transactions).

3. The following is the report on the report of the Finance Committee as presented by Reference Committee.

15 C 1-11 inclusive "Needs of the Association".

4. Comment:

The Committee agrees that our Association has a multitude of needs, the present implementation of which is impossible in view of our financial position. This Reference Committee, therefore, recommends that the Executive Committee take under advisement these needs in their entirety, and give them further study.

5. The needs of our Association appeared in three other reports and I believe all of them should be presented so that you may know the whole picture.
(From the President's Report, page 3, 1954 Transactions).

6. Finance:

23. The finances of our Association do not measure up to what might be expected for an organization of over five thousand dentists.

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24. Our progress is thwarted by reason of the fact that we lack financial stability to broaden our activities or even retain some which we have heretofore initiated.

25. While we are not increasing as rapidly numerically as we would wish, we are developing in stature.

26. Our ideas are those of a much larger organization and we see the need for greater expansion of our programs to cope with what is asked and expected of us.

27. We are a factor in the dental world and should take a more active interest in dental affairs beyond the confines of our borders.

28. To accomplish this end we must prepare our association financially. To be specific in this matter, further assistance for our Secretary is indicated. The position of our Secretary in relation to his duties has changed over the last few years. Many more demands are being made on his time from outside sources. Much good can come to our Association with an enhanced prestige if we but recognize this situation.

29. The opinion of our Secretary is sought, his services asked for and his contacts are invaluable to this organization but, under the present set-up, it is impossible for our Secretary to adhere to such a tiring schedule and continue to carry the load of headquarters.

7. Report on the report of the President: 23, 24, 25, 26, 27, 28, 29.

"We recognize the need for financial assistance to the C.D.A. and additional assistance to our Secretary."

8. Report of the Executive Committee: (See page 18, 1954 Transactions).

21. "The Chairman of the Finance Committee presented a comprehensive report of the needs of the finances of your Association, one which, along with his recommendations should be well weighed at this meeting."

9. Report on the report of Executive Committee by Reference Committee:

21. "We agree".

Report.

10. The joint committee of the old and new executive met at St. Andrews-by-the-Sea on Sunday morning and reported as follows:

11. RECOMMENDATION RE FINANCE REPORT

Considerable discussion arose from a recommendation made at the Annual Meeting turning back the report on finance for further study. The Finance Chairman stated that in his opinion a detailed study, as requested at the 1953 annual meeting, had been presented this year. He found difficulty in proceeding under the instructions of the Board for more detailed information. Discus-

sion did not establish any definite method of procedure but it was thought that further study would have to be given.

12. Needs of the Association:

The Corporate members have been very generous in grants, but with increasing costs, we just cannot move further ahead. There are things we are not doing which should be done, from which much is to be gained, if we spend the money on the ground work now which will bring splendid results with interest in the future. I have been asked by the Executive Committee to present needs to the Board of Governors so that they may formulate a plan that is acceptable to all members of the profession. In this manner our program of the future could offset a crisis and have the profession ready for any situation that may arise. I am convinced that it is the *responsibility of members of the Board of Governors of each province* to carry a picture of our needs to the profession. *This information*, given to the profession, must be accurate and tactfully presented.

(1) *Reserve:*

The Reserve Fund is inadequate to withstand more than a minor demand upon it to meet any emergency. It is considered good business that the minimum Reserve Fund of an organization should equal at least two year's disbursements. At the end of 1953, the Reserve Fund is stated to be \$34,000.

(2) *Directory:*

A real demand exists for a current directory at yearly intervals. It is doubtful if the Association will be in a financial position to publish a directory as frequently as in the past which has been at two or three year intervals.

(3) *Research:*

Research is basic to a scientific profession. In reports of the Research Committee over the last few years, the following have been stated as essential to progress.

- (a) Training of dental personnel for research.
- (b) Funds, not available from other sources, should be available for special projects.
- (c) Central direction of research procedures.

The position of the profession could be improved by more financial assistance in the research field.

(4) *Health Insurance Studies:*

Factual information is essential in order to face current health problems. Surely we should be armed with more accurate data than

those with whom we have to negotiate. Surveys for necessary information must be gathered for the protection of the profession. The present allotment of funds to this committee covers only the actual expenses of meeting once a year.

(5) *Pamphlets and Reports:*

The Association is not meeting the demand in this field of activity which is the most valuable avenue of expression open to us.

(6) *Dental Education:*

The Council on Dental Education has illustrated abundantly the results of the use of a little money in their activities. The efforts of the Council have been maintained partially by the securing of funds outside the Association. Such funds will be discontinued. In order to sustain the established projects more financial assistance will be necessary from the Association.

(7) *Public Relations:*

Any expansion in this field would require more financial support.

(8) *Journal:*

Greatly increased costs of publication have strictly limited the Committee on Publications. The Journal constitutes the greatest means of presenting Canadian Dentistry at home and abroad.

(9) *Film Library:*

There has been a demand for the establishment of a film library from numerous societies. From the experience of others, we find that this is a very expensive undertaking. The present financial position of the Association does not permit the addition of this service to the profession.

(10) *Representation:*

Canadian dentistry should be represented at all important dental meetings both within and outside Canada. The C.D.A. is the third largest national group of the F.D.I. and we should take the part expected of us. There is no way of estimating the results of these relations and contacts for the good of dentistry in Canada.

- (11) (a) Your Finance Committee last year pointed out the great need of relieving the Secretary of some of his duties so that he might be free to continue, and to implement commitments at home and abroad for which he is so well fitted. Dentistry faces important problems and Dr. Don W. Gullett has to be prepared to present facts and briefs at almost a moment's notice. He should be relieved of some of the burdens of administration so that he may have more

time to prepare and to do these important and necessary things for Dentistry, for he knows better than any of us the importance of getting all the necessary information before the proper sources.

(b) He receives calls from all parts of Canada, from provinces that are in trouble and he must act on these requests. While he is away, work piles up at headquarters and this has to be done in extra hours in the evenings. Besides, for many months of the year, there is a committee meeting almost every evening — Monday through Friday — which he must attend. This is just another example of the many activities that are curtailed because of the lack of funds.

(c) The American Dental Association, for all practical purposes, has unlimited resources, is able to carry out expensive projects, which this Association will never be able to undertake on the same scope. The results are freely made available to the C.D.A. through the close liaison of our Secretary and the A.D.A. This is of immeasurable value to us and everything possible should be done to encourage the relationship for our own advantage.

(d) It has been my plea for the past two years to relieve our Secretary of some of the details of headquarters. If we could get \$25.00 per capita it would give us a fixed income of \$120,000. With that amount we could do much to help our needs, one being more assistance at headquarters. I wonder if we stop and think what would happen to us at the C.D.A. Headquarters if Dr. Gullett should be sick. We are so greatly dependent upon him for so many phases of dental business.

13. Besides the general summary of need as it appears in this Finance Report C-1-11 inclusive, the following are from reports of the several committees.

14. Council on Dental Education:

(a) "Further to your recent letter respecting the financial needs of the Council on Dental Education for the next fiscal year, and the foreseeable future, I am now able to advise you as you requested.

(b) At its recent meeting, the Council gave serious consideration to this problem. A resolution was passed to the effect that our estimated needs for the routine business of the council for 1955 would be \$3000.00 and besides this that a yearly sum of \$4000.00 would be required for a five-year period to provide for special projects which the council has in mind."

(c) The Council has given this very fine forecast of their needs for the following years:

1956 Association Grant	\$3,000.00
1957 Association Grant	\$3,500.00

FINANCE

1958 Association Grant	\$6,000.00
1959 Association Grant	\$7,000.00
1960 Association Grant	\$8,000.00

15. Research Committee:

"The Committee feels that an active Research program in every Dental Faculty would be of great benefit to all Canada and to the profession. The Committee estimate the financial requirements for the next several years to conduct this expanding program only would cost \$5000.00 per annum."

16. Public Relations Committee:

"We believe that there should be spent thousands of dollars to carry out a full program for this Committee, but no estimate was made."

17. Publication Committee:

(a) "Your recent letter to me was fully considered at the meeting of June 16th last.

(b) With the rapid increase in publication costs, this committee is strictly limited to keep within the allotted budget.

(c) During the discussion the following was suggested as almost a necessity for the near future improvement in the Journal. Increase use of cuts, more selectivity of advertising, use of colour, making reprints of articles more available and less limitations to size of Journal. All of these are costly and the Committee estimates that to implement them would involve a minimum of \$15,000.00 per year in addition to the present grant of the Journal."

18. Bonds:

(a) The following bonds have been purchased from the Reserve Fund Account during 1954:

Bonds purchased:

Government of Canada, 3¼% par value \$1,000.00 due June 1st, 1976	\$ 990.00
Province of New Brunswick, 3¾% par value \$1,000.00 due April 15, 1970	\$ 987.50
Canadian National Railway (Government of Canada guaranteed), 3¾% par value \$3,000.00 due February 1st, 1974	\$2,985.00

This \$5,000.00 is made up of—

- A. \$3,500.00 from the Reserve Fund
- B. \$1,500.00 from the Housing Fund

(b) As Appendix A at the end of this report will be found the statement of bonds held by our Association as of March 1st, 1955.

19. Auditors' Statement:

The Auditors' Statement for the year ended December 31st, 1954, appears as Appendix B.

CANADIAN DENTAL ASSOCIATION FINANCIAL STATEMENT, YEAR ENDED DECEMBER 31, 1954 STATEMENT OF RECEIPTS AND DISBURSEMENTS

GENERAL

By Comparison 1954 with 1953

RECEIPTS

A. Cash on Hand:

Balance on hand and in bank Dec. 31, 1953	\$16,841.27
as compared with	
Balance on hand and in bank Dec. 31, 1954	\$ 4,037.03

This difference, a deficit of \$12,804.24 in the RED in the year's operation should be enough to make one stop and take stock.

- i. Part of this deficit, \$3500.00 was money transferred directly to our Reserve Fund.
- ii Next, you had a carry over of 1953 expenses from Transactions, publications, and transactions which are really not chargeable to 1954. With the date of the Annual Meeting always changing, it is difficult to present a true picture.
- iii. The 1954 accounts are all paid with the exception of French transactions. These were delayed because of sickness.

B. Grants:

1954 Grants from provinces	\$79,535.00
1953 Grants from provinces	78,180.00
An increase of	\$ 1,375.00

C. Interest on Investments:

1954 Transfer from Reserve Fund	\$ 1,178.75
1953 Transfer from Reserve Fund	997.50

An increase of	\$ 201.25
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It can be pointed out, in reference to this, that the Executive decided that all interest of investments would be transferred to general fund from reserve fund to help to balance the budget.

FINANCE

D. Total Receipts:

1954 Receipts	\$84,549.80
1953 Receipts	81,631.42
Increase	\$ 1,918.38

DISBURSEMENTS

A. Grants:

1954 Grants amounted to	\$ 21,812.50
1953 Grants amounted to	20,300.00
This increase in grants is made up from (in particular) \$1,000.00 extra to the publications and \$500.000 extra to Dental Research.	

B. Economic Survey:

The amount of \$1,020.04 was voted by 1953 Board of Governors and it is total extra expense.

C. Salaries:

1954 amount	\$ 24,545.63
1953 amount	19,238.63
This difference is made up in two parts, bringing Staff up to strength as recommended by Special Committee and annual increment.	

D. Committee Expenses:

1954 amount	\$ 1,346.03
1953 amount	2,047.05
All committees have tried so hard to cut their expenses and have succeeded; also the Executive Committee decided for economy to meet only once.	

E. Board of Governors Meeting Expenses:

1954 expenses	\$ 7,409.68
1953 expenses	4,774.64
It is impossible to hold a Board of Governors meeting on either coast as cheaply as in a centrally located city. Still, I agree with the policy of the Executive Committee that it is good business and well spent money for the good of our association.	

F. PAMPHLETS AND REPORTS:

1954 cost was	\$15,496.63
1953 cost was	2,369.22
Our total disbursements in 1954 were \$96,354.04 while the total disbursements in 1953 were \$68,818.02. From this you can	

see the trend. It is just impossible to balance a budget with ever increasing expenditures due to increased costs of doing the business of our Association, having an almost fixed income.

On January 31st, 1955, we had a balance of \$1,522.64.

The first province to send in the grant was British Columbia for \$8,670.00, usually received in the month of March.

- G. Following the Statement of Revenue and Expenditure of the General Fund, you will find the Statements of all other Trust Funds under C.D.A.

H. Housing Account:

This account owes the Reserve Fund \$15,000.00 of that amount \$2,000.00 was paid. The revenue from grants of the Housing Account is almost finished. Quebec owes a small amount. After that has been paid, we can only hope for very small amounts in the future.

I. Publications:

The rates for advertisements have been raised, that may help us and raise our revenue. On the other hand, it could be that we might lose some of the advertisement accounts.

J. Printing:

This has worked out exceedingly well with a tremendous saving. This department has been very busy and we have been able to do so much more at a much lower cost than could be done otherwise.

K. Trust Funds:

- i. May I point out that we cannot touch any of these funds.
- ii. The figures appear to be self-evident in respect to the rest of the trust funds held by the C.D.A.

- L. The tentative budget for 1956 appears as Appendix C in this report.

RECOMMENDATIONS

1. That the Auditors' Statement for 1954 be adopted and that the Auditors for 1955 be appointed.
2. That twenty-five dollars (\$25.00) be strongly suggested as the per capita grant to meet the minimum needs of your Association.

For your information the amount of revenue from a \$20.00 per capita fee would be \$104,000.00; while a per capita fee of \$25.00 would give \$130,000.00 yearly income.

GOVERNMENT AND GOVERNMENT GUARANTEED BONDS

	Par Value	Amount Paid
Government of Canada		
3% Oct. 1, 1959/63	\$16,000.00	\$16,000.00
3% Oct. 1, 1959/63 (War Mem.)	7,500.00	7,875.00
3% Oct. 1, /63	1,000.00	941.25
3% Sept. 1, 1961/66	2,500.00	2,621.87
3% Sept. 1, 1966 (Grieve Mem.)	3,500.00	3,408.13
3% Sept. 1, 1966 (Grieve Mem.)	1,000.00	935.00
3¼% June 1, 1976	1,000.00	990.00
Province of Ontario		
4% Dec. 15, 1951	3,000.00	3,000.00
3% Apr. 15, 1965	1,000.00	997.50
4% Jan. 1, 1966/68	1,000.00	998.16
Province of Quebec		
3% Oct. 1, 1963	500.00	500.00
3% Oct. 1, 1963	1,000.00	925.00
4% Apr. 15, 1966	1,000.00	995.00
Province of British Columbia		
3% June 15, 1964	500.00	491.25
Province of Nova Scotia		
3% Dec. 15, 1967	1,000.00	890.00
Province of Manitoba		
3% Feb. 15, 1967	1,000.00	993.75
Province of Prince Edward Island		
4¼% Dec. 1, 1967	1,000.00	993.75
Province of New Brunswick		
3¾% Apr. 15, 1970	1,000.00	987.50
Hydro-Electric Power Commission of Ontario (Guaranteed by Prov.)		
4¼% Nov. 1, 1964/67 (Grieve Mem.)	1,000.00	1,005.00
3% Jan. 15, 1968	1,000.00	986.00
4¼% July 15, 1969	2,000.00	1,985.00
3% Apr. 1, 1968/70	500.00	498.83
Canadian National Railways (Guaranteed by Gov. of Canada)		
3¾% Feb. 1, 1972/74	3,000.00	2,985.00
	\$52,000.00	\$52,002.99

As of 21st March, 1955

January 25, 1955.

Dr. P. G. Anderson, President,
Canadian Dental Association,
Toronto, Ontario.

Dear Sir:

We have examined the accounts of the CANADIAN DENTAL ASSOCIATION for the year ended December 31, 1954, and submit herewith the following statements:

Canadian Dental Association

BALANCE SHEET

December 31, 1954

Assets

General Account:

Cash on hand and in bank	\$	4,037.03		
Account receivable—New Brunswick Dental Society		583.45		
Prepaid expenses and accrued revenue		1,280.31		
Office furniture and fixtures	\$	10,625.60		
Less accumulated allowance for depreciation		4,768.46	5,857.14	\$ 11,757.93

Housing Fund:

Cash on hand and in bank		6,679.47		
Prepaid insurance		264.97		
Land, 234 St. George Street, Toronto		5,100.00		
Building, 234 St. George St., Toronto	68,111.26			
Less accumulated allowance for depreciation		6,657.32	61,453.94	
Furnishings and equipment	11,424.06			
Less accumulated allowance for depreciation		4,264.95	7,159.11	80,657.49

Dental Research Fund:

Cash in bank	11,609.61
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Dental Research Committee:

Cash in Bank	185.64
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War Memorial Award Fund:

Cash in bank	526.48
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FINANCE

Government of Canada 3% bonds at cost (market value \$7,601.25)	7,875.00	
Interest accrued on bonds	56.25	8,457.73
Council on Dental Education:		
Cash in bank		2,620.63
The Grieve Memorial Lectureship Fund:		
Cash in bank	157.54	
Government of Canada 3% bonds, at cost (market value \$5,587.50)	5,348.13	
Interest accrued on bonds	52.08	5,557.75
Library Trust Fund:		
Cash in bank	3,661.18	
Books	3,818.44	
Less accumulated allowance for depreciation	2,127.14	1,691.30
		5,352.48
Reserve Fund:		
Cash in bank	1,284.96	
Loan receivable from housing fund	13,000.00	
Dominion and Provincial bonds, direct and guaranteed, at cost (market value \$39,745.00)	38,779.12	
Accrued interest on bonds	333.30	53,397.38
		<u>\$179,596.64</u>

BALANCE SHEET

December 31, 1954

Liabilities

General Account:

Accounts payable		401.68	
Surplus:			
Balance, December 31, 1953	23,610.11		
Deficit for year 1954	12,253.86	11,356.25	11,757.93

Housing Fund:

Accounts payable	158.98
Loan payable to reserve fund	13,000.00

Surplus:			
Balance, December 31, 1953	67,310.00		
Grants	1,500.00		
	68,810.00		
Deficit from building operating for 1954	1,311.49	67,498.51	80,657.49
Dental Research Fund:			
Surplus, December 31, 1953		11,418.83	
Surplus for year 1954		190.78	11,609.61
Dental Research Committee:			
Surplus, December 31 ,1953		316.94	
Deficit for year 1954		131.30	185.64
War Memorial Award Fund:			
Surplus, December 31, 1953		8,460.67	
Deficit for year 1954		2.94	8,457.73
Council on Dental Education:			
Surplus, December 31, 1953		2,976.72	
Deficit for year 1954		356.09	2,620.63
The Grieve Memorial Lectureship Fund:			
Surplus, December 31, 1953		5,423.34	
Surplus for year 1954		134.41	5,557.75
Library Trust Fund:			
Accounts payable		13.75	
Surplus, December 31, 1953	5,267.04		
Surplus for year 1954	71.69	5,338.73	5,352.48
Reserve Fund:			
Surplus, December 31, 1953		49,810.93	
Surplus for year 1954		3,586.45	53,397.38
			\$179,596.64

AUDITORS' REPORT

We have examined the accounts of the Canadian Dental Association for the year ended December 31, 1954, and report that, in our opinion, the accompanying balance sheet and related statements of revenue and expenditure and receipts and disbursements, present fairly the financial position of the Association as at December 31, 1954 and its financial transactions for the year ended on that date, exclusive of the accounts of the Committee on Publications, according to the best of our information and the explanations given us and as shown by the books.

THORNE, MULHOLLAND, HOWSON & McPHERSON
Chartered Accountants

Canadian Dental Association
STATEMENT OF REVENUE AND EXPENDITURE
GENERAL

Year Ended December 31, 1954

Revenue

Grants from Provincial Boards:

British Columbia	\$ 8,670.00	
Alberta	5,625.00	
Saskatchewan	3,270.00	
Manitoba	3,780.00	
Ontario	35,000.00	
Quebec	17,835.00	
New Brunswick	1,500.00	
Nova Scotia	2,910.00	
Prince Edward Island	510.00	
Newfoundland	435.00	
		\$ 79,535.00
National convention 1954		583.45
Transfer from reserve fund representing interest received on investments		1,178.75
Sale of pamphlets		2,746.01
Sundry revenue		90.04
		\$ 84,133.25
Deficit for year, after giving effect to the transfer of \$3,500.00 to reserve fund		12,253.86
		\$ 96,387.11

Expenditure

Grants:

Committee on Publications	\$ 14,500.00
Council on dental education	3,000.00
Dental research fund	3,500.00
Federation Dentaire Internationale	687.50
Sundry grants	125.00
	\$ 21,812.50
Economic survey of dental practice in Canada	1,020.04
Officers and clerical salaries	24,545.63
Officers' pension plan	2,291.52
Unemployment insurance	174.60
Hospital insurance	441.20
Committee expenses (not including Committees receiving grants)	1,346.03
Officers' expenses	5,034.15
Board of Governors meetnig expenses	7,409.68
Legal and audit	515.00
Library expenses	54.15
Pamphlets and reports	15,458.46
Housing fund, rent	3,600.00
Translations	445.00
Stationery and office expenses	4,351.56
Telephone and telegraph	427.82
Postage	2,897.21
Depreciation, office furniture and fixtures	1,062.56
Transfers to reserve fund	3,500.00
	\$ 96,387.11

Canadian Dental Association

HOUSING FUND

STATEMENT OF REVENUE AND EXPENDITURE

Year Ended December 31, 1954

Revenue

Rentals	\$5,556.00
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Expenditure

Repairs and maintenance	\$ 749.51
Taxes	699.27
Janitor	700.00
Heat	648.33

FINANCE

Gas and water	453.66
Light	465.02
Insurance	225.36
Audit	60.00
General expenses	21.15
Depreciation on buildings	1,702.78
Depreciation on furnishings and equipment	1,142.41
	\$6,867.49
<i>Deficit for year</i>	1,311.49
	<u>\$5,556.00</u>

Note:

The above statement of revenue and expenditure covers building operating items only and does not include grants to this fund totalling \$1,500.00 which were credited directly to surplus.

DENTAL RESEARCH FUND
STATEMENT OF REVENUE AND EXPENDITURE
Year Ended December 31, 1954

Revenue	
Grant, Canadian Dental Association, from general account	\$3,500.00
Transfer from Canadian Dental Research Foundation	495.57
Bank interest	104.69
Sundry revenue	20.57
	<u>\$4,120.83</u>

Expenditure	
Studentships	\$3,313.10
Reprints	591.95
Audit	25.00
	\$3,930.05
<i>Surplus for year</i>	190.78
	<u>\$4,120.83</u>

Canadian Dental Association
 WAR MEMORIAL AWARD FUND
 STATEMENT OF REVENUE AND EXPENDITURE
 Year Ended December 31, 1954

Revenue

Bond interest	\$ 225.00
Bank interest	4.79
	\$ 229.79
Deficit for year	2.94
	<u>\$ 232.73</u>

Expenditure

Essay awards	\$ 200.00
Sundry expenses	32.73
	<u>\$ 232.73</u>

COUNCIL ON DENTAL EDUCATION
 STATEMENT OF REVENUE AND EXPENDITURE
 Year Ended December 31, 1954

Revenue

Grants:		
Canadian Dental Association	\$3,000.00	
Kellogg Foundation	750.00	
		\$3,750.00
Bank interest		20.24
		\$3,770.24
Deficit for year		356.09
		<u>\$4,126.33</u>

Expenditure

Council meeting expenses	1,419.02
Expenses re survey of dental schools	2,629.91
Sundry expenses	77.40
	<u>\$4,126.33</u>

FINANCE

Canadian Dental Association
THE GRIEVE MEMORIAL LECTURESHIP FUND
STATEMENT OF REVENUE AND EXPENDITURE
Year Ended December 31, 1954

Revenue

Bond interest	\$ 177.50
Donations	100.00
Bank interest	1.11
Sundry receipts	34.65
	<u>\$ 313.26</u>

Expenditure

Orthodontic Section of Canadian Dental Association	\$ 177.50
Bank charges and exchange	1.35
	<u>\$ 178.85</u>
<i>Surplus for year</i>	134.41
	<u>\$ 313.26</u>

LIBRARY TRUST FUND
STATEMENT OF REVENUE AND EXPENDITURE
Year Ended December 31, 1954

Revenue

Donations	\$1,044.65
Bank interest	25.89
	<u>\$1,070.54</u>

Expenditure

Binding books, journals, etc.	\$ 232.90
Depreciation on books	763.69
Bank charges	2.26
	<u>\$ 998.85</u>
<i>Surplus for year</i>	71.69
	<u>\$1,070.54</u>

Canadian Dental Association
STATEMENT OF REVENUE AND EXPENDITURE
RESERVE FUND

Year Ended December 31, 1954

Revenue

Interest on bonds	\$1,256.15
Bank interest	9.05
Transfers from general account	3,500.00
	<u>\$4,765.20</u>

Expenditure

Transfer to general account re interest	\$1,178.75
Surplus for year	3,586.45
	<u>\$4,765.20</u>

Canadian Dental Association
STATEMENT OF RECEIPTS AND DISBURSEMENTS
GENERAL

Year Ended December 31, 1954

Receipts

Cash on hand and in bank, December 31, 1953	\$ 16,841.27
Grants from Provincial Boards:	
British Columbia	\$ 8,670.00
Alberta	5,625.00
Saskatchewan	3,270.00
Manitoba	3,780.00
Ontario	35,000.00
Quebec	17,835.00
New Brunswick	1,500.00
Nova Scotia	2,910.00
Prince Edward Island	510.00
Newfoundland	435.00
	<u>\$ 79,535.00</u>
Transfer from reserve fund representing interest received on investments	1,178.75
Sale of pamphlets	2,746.01
Sundry receipts	90.04
	<u>\$100,391.07</u>

FINANCE

Disbursements

Grants:	
Committee on publications	\$ 14,500.00
Council on dental education fund	3,000.00
Dental research fund	3,500.00
Federation Dentaire Internationale	687.50
Sundry grants	125.00
	\$ 21,812.50
Economic survey of dental practice in Canada	1,020.04
Officers' and clerical salaries	24,545.63
Officers pension plan	2,291.52
Unemployment insurance	174.60
Hospital insurance	441.20
Committee expenses (not including Committees receiving grants)	1,346.03
Officers' expenses	4,986.95
Board of Governors meeting expense	7,409.68
National conventions, 1955	209.50
Legal and audit	515.00
Library expenses	54.15
Pamphlets and reports	15,496.63
Housing fund, rent	3,600.00
Translations	445.00
Stationery and office expense	4,285.67
Telephone and telegraph	427.82
Postage	2,698.22
Furniture and fixtures	1,093.90
Transfers to reserve fund	3,500.00
	\$ 96,354.04
Cash on hand and in bank, December 31, 1954	4,037.03
	\$100,391.07

Canadian Dental Association

HOUSING FUND

STATEMENT OF RECEIPTS AND DISBURSEMENTS

Year Ended December 31, 1954

Receipts

Cash in bank, December 31, 1953	\$ 6,523.79
Grants:	
New Brunswick Dental Society	\$ 500.00

College of Dental Surgeons of the Province of Quebec	1,000.00	
		\$ 1,500.00
Rentals		5,556.00
		<u>\$ 13,579.79</u>
Disbursements		
Repairs and maintenance		\$ 749.51
Reserve fund, payment on loan		2,000.00
Alterations to building		561.70
Furnishings and equipment		700.66
Taxes		699.27
Janitor		700.00
Heat		524.11
Gas and water		453.66
Light		430.26
Audit		60.00
General expenses		21.15
		<u>\$ 6,900.32</u>
Cash on hand and in bank, December 31, 1954		6,679.47
		<u>\$ 13,579.79</u>

**Canadian Dental Association
DENTAL RESEARCH FUND**

STATEMENT OF RECEIPTS AND DISBURSEMENTS

Year Ended December 31, 1954

Receipts

Cash in bank, December 31, 1953	\$ 11,418.83
Grant, Canadian Dental Association, from general account	3,500.00
Transfer from Canadian Dental Research Foundation	495.57
Bank interest	104.69
Sundry receipts	20.57
	<u>\$ 15,539.66</u>

Disbursements

Studentships	\$ 3,313.10
Reprints	591.95
Audit	25.00

FINANCE

	\$ 3,930.05
Cash in bank, December 31, 1954	11,609.61
	\$ 15,539.66

WAR MEMORIAL AWARD FUND STATEMENT OF RECEIPTS AND DISBURSEMENTS Year Ended December 31, 1954

Receipts

Cash in bank, December 31, 1953	\$ 529.42
Bond interest	225.00
Bank interest	4.79
	\$ 759.21

Disbursements

Essay awards	\$ 200.00
Sundry expenses	32.73
	\$ 232.73
Cash in bank, December 31, 1954	526.48
	\$ 759.21

Canadian Dental Association COUNCIL ON DENTAL EDUCATION FUND STATEMENT OF RECEIPTS AND DISBURSEMENTS Year Ended December 31, 1954

Receipts

Cash in bank, December 31, 1953		\$2,976.72
Grants:		
Canadian Dental Association	\$3,000.00	
Kellogg Foundation	750.00	
		\$3,750.00
Bank interest		20.24
		\$6,746.96

Disbursements

Council meeting expenses	\$1,419.02
Expenses re survey of dental schools	2,629.91

General expenses	77.40
Cash in bank, December 31, 1954	\$4,126.33
	2,620.63
	<u>\$6,746.96</u>

Canadian Dental Association
 THE GRIEVE MEMORIAL LECTURESHIP FUND
 STATEMENT OF RECEIPTS AND DISBURSEMENTS
 Year Ended December 31, 1954

Receipts

Cash in bank, December 31, 1953	\$ 23.13
Bond interest	177.50
Donations	100.00
Bank interest	1.11
Sundry receipts	34.65
	<u>\$ 336.39</u>

Disbursements

Orthodontic Section of Canadian Dental Association	\$ 177.50
Bank charges and exchange	1.35
	\$ 178.85
Cash in bank, December 31, 1954	157.54
	<u>\$ 336.39</u>

LIBRARY TRUST FUND
 STATEMENT OF RECEIPTS AND DISBURSEMENTS
 Year Ended December 31, 1954

Receipts

Cash in bank, December 31, 1953	\$3,475.86
Donations	1,044.65
Bank interest	25.89
	<u>\$4,546.40</u>

FINANCE

Disbursements

Books	\$ 650.06
Binding books, journals, etc.	232.90
Bank charges	2.26
	\$ 885.22
Cash in bank, December 31, 1954	3,661.18
	<u>\$4,546.40</u>

Canadian Dental Association

RESERVE FUND

STATEMENT OF RECEIPTS AND DISBURSEMENTS

Year Ended December 31, 1954

Receipts

Cash in bank, December 31, 1953	\$ 738.41
Interest on bonds	1,178.75
Bank interest	9.05
Housing fund, payment on loan	2,000.00
Transfers from general account	3,500.00
	<u>\$7,426.21</u>

Disbursements

Bonds purchased:

Government of Canada, 3¼%, par value \$1,000.00	
due June 1, 1976	\$ 990.00
Province of New Brunswick, 3¾%, par value \$1,000.00	
due April 15, 1970	987.50
Canadian National Railway (Government of Canada	
guaranteed), 3¾% par value \$3,000.00	
due February 1, 1974	2,985.00
Transfer to general account re interest	1,178.75
	\$6,141.25
Cash in bank, December 31, 1954	1,284.96
	<u>\$7,426.21</u>

BUDGET FOR 1956

Revenue

	Budget 1956
Grants from Provincial Boards:	
British Columbia	\$ 11,750.00
Alberta	5,650.00
Saskatchewan	3,270.00
Manitoba	5,000.00
Ontario	34,000.00
Quebec	17,835.00
New Brunswick	1,500.00
Nova Scotia	2,910.00
Prince Edward Island	500.00
Newfoundland	435.00
Transfer from Reserve:	
Bond Interest	900.00
Sale of Pamphlets	1,500.00
National Convention	100.00
Sundry Receipts:	
Associate Membership Fees	100.00
Total	<u>\$ 85,450.00</u>

BUDGET FOR 1956

Expenditure

	1956 Budget
Grants:	
Committee on Publications	\$ 14,500.00
Council on Dental Education	3,000.00
Research Committee Fund	3,500.00
Federation Dentaire Internationale	750.00
Officers & Clerical Salaries	33,200.00
Officers' Pension Plan	4,287.00
Unemployment Insurance	175.00
Blue Cross and P.S.I.	450.00
Committee Expenses:	
Executive	2,000.00
Dental Public Health	500.00
Convention	100.00

FINANCE

Legislation	25.00
Nomenclature	25.00
Hospital Dental Services	100.00
Public Relations	1,000.00
War Memorial	75.00
Finance	25.00
Ethics	25.00
By-Laws	25.00
Health Insurance Studies	1,000.00
Auxiliary Services	25.00
Specialists & Specialization	25.00
Nominating	25.00
Officers' expenses	5,000.00
Annual Meeting	8,000.00
Pamphlets & Reports	8,000.00
Library Expenses	200.00
Audit	265.00
Legal	300.00
Contingency Fund	1,500.00
Housing—Rental	3,600.00
Translations	500.00
Stationery & Office Expenses	3,500.00
(\$335.89 received for Printing)	
Telephone & Telegraph	500.00
Postage	3,000.00
Depreciation, Furniture & Fixtures	500.00
Transfer to Reserve Account	3,500.00
Insurance Renewed	80.00
Membership fees for Secretary	150.00
	\$103,432.00
Deficit	\$ 17,982.00

COMMENT AND RESOLUTION

1. to 11. Informative.
12. to 17. These sections were placed before the Board of Governors last year by the Chairman of the Finance Committee and are mentioned again this year for your information and to accentuate their importance.
18. Approved.
19. Statement of the Auditors for the year ending December 31st, 1954 as it appears in Appendix B. is approved.
Following section 19 are two pages of comparative statements of revenue and disbursements for the years 1953 and 1954.

Section H. under Disbursements — Housing Account

The following resolution is directed to the Housing Committee:

Whereas our Reserve Fund at the present time is dangerously low, and
Whereas interest on the loan from the Reserve Fund to the Housing Committee is being lost to the general account, and

Whereas it would take approximately twenty-six years to liquidate this loan on the present basis of payment, and

Whereas we feel the rentals paid by the C.D.A. and the other tenants in the Headquarters Building are below the normal level paid in this area, and

Whereas the Housing Fund is losing money in its operation, therefore be it

Resolved that the Housing Committee review the rental income and give consideration to increasing same, and be it further

Resolved that the major portion of the amount accruing from any increased rentals be earmarked for the reduction of the loan secured by the Housing Committee from our Reserve Fund.

Section I under Disbursements — Publications — Noted.

Section J. under Disbursements —

We commend our Secretary in his efforts to bring about a saving for the Association by establishing in the basement of our Headquarters Building the necessary equipment and the employment of a full-time man to take care of most of our printing needs. The work turned out for us in this miniature printing plant is of high calibre and at a most substantial saving to us. It definitely warrants our praise and commendation.

Appendix C. bears out the saving mentioned in the above statement and is well worthy of study.

Section K. under Disbursements — Noted.

Section L. under Disbursements — Noted.

Recommendations:

1. That the Auditors' Statement for 1954 be adopted and that the firm of Auditors of Thorne, Mulholland, Howson and McPherson appointed by your Executive for 1955 is approved.

2. Approved and noted.

We recommend the approval of the Budget for 1956.

We recommend the adoption of the Report of the Finance Committee.

APPROVED

MEMBERS OF AUXILIARY SERVICES COMMITTEE: R. A. Rooney, Chairman, Edmonton, Alta.; H. R. MacLean, Edmonton, Alta.; A. M. Revell, Edmonton, Alta.

REPORT

1. At the last meeting of the Board of Governors in New Brunswick, this Committee reported a situation developing in Saskatchewan for the possible introduction of a plan based on the New Zealand Dental Nurse scheme for the treatment of children in the various health units. In a letter to the Chairman of this Committee, the Minister of Health for Saskatchewan, Mr. T. J. Bentley, stated that he had considered the practicability of such an arrangement but that no such move would be made without further consultation with the Council of the Saskatchewan College. In November, 1954, a meeting was arranged with the Council to study a memorandum assessing the New Zealand nurses' situation prepared by the Department under the authority of the Minister. The Secretary of the Canadian Dental Association attended, also.

2. The memorandum is based on a study of the report of the United Kingdom Dental Mission on "New Zealand School Dental Nurses", the report of the Secretary of the Council on Dental Health, American Dental Association, and of the Dental Services Advisor, Children's Bureau, Federal Security Agency, W.H.O., 1951, "Experiment in Dental Care". The conclusions reached in the memorandum recommend the establishment of such a plan in Saskatchewan, the final paragraph reading as follows: "The Saskatchewan Department of Public Health recommends to all concerned—and particularly the dental profession—that the principle of creating a corps of dental nurse auxiliaries be accepted in the present dental crisis."

3. This attitude reflects the common assumption of laymen that a treatment service alone can combat the needs of a children's service and ignores the fundamental principles of a preventive program. It ignores, too, the continuously increasing cost of any such treatment service with no hope of decreasing these costs in the future.

4. The Secretary of the Canadian Dental Association, Dr. Gullett, presented a brief in rebuttal of the Department's contentions, pointing out that research and an educational program presented the only possible hope of improving the dental health of children in any given area and that any treatment service must be applied as a secondary consideration. In support of this contention, a graph was presented from the Welland, Ontario, health unit on the condition of the school children's teeth in that area, showing the continuously improving conditions due to preventive education.

5. No conclusions were reached at this conference and further development of the Department's theories must be awaited with much concern.

6. The memorandum of the Department, the brief from the Secretary of the Canadian Dental Association, and the statistical information from Welland are attached to and form part of this report (on file).

7. From information through Dr. Wetmore, Secretary-Registrar of the New Brunswick Dental Society, there are indications that the ethical laboratories in that province are organizing to attain a legal status in the near future for purposes of their own general welfare and to assist in the control of illegal practice by certain laboratories. This is in the formative stage only so far.

8. From New Brunswick, too, there is a report that a technician, who apparently has been practicing somewhat openly without much effort to control his activities by the Dental Society, has applied to the Legislature for a private Bill to permit him to practice prosthetic dentistry. The Bill was defeated and it serves further to illustrate the dangers of permitting illegal practice without proper efforts to maintain control.

9. In Quebec, during the recent Sessions of the Legislature amendments were made to the Quebec Dental Act providing for the appointment by the Board of the College of inspectors, chosen from the licensed dentists of the province, for the purpose of investigating dental technicians' premises where prosthetic appliances might be made and providing for a prescription containing a number, date, name of the laboratory, description of the orders, the material, and the signature of the dentist. These provisions provide for better enforcement of the Dental Act in relation to laboratories.

10. The illegal practitioners of Manitoba have again presented a Bill to incorporate "the dental prosthetists of Manitoba". The purpose of this Bill, as announced, as to provide for supplying directly to the public complete upper and/or lower dentures without the intervention of a dentists but on the strength of a "certificate of oral health" from a duly qualified medical practitioner or a dentist. The Bill also provides for administration and control by the mechanics of their own organization and for certain minimum requirements of training. This latter provision would be impossible of assessment or enforcement as worded in the Bill, so that basically anyone with or without training could make dentures directly for the public. The bill was lost in committee but by a narrow margin of one vote only. Such a close decision probably presages a further attempt by the illegal practitioners to attain their goal next year. Their whole campaign emphasizes the necessity on the part of the profession of organizing the ethical labs to assist in opposing the efforts of these unqualified persons. Unfortunately, because the ethical labs are poorly organized they seem to be peculiarly apathetic about the problem.

11. The Manitoba Board also introduced an amendment to their Act providing a prescription clause and the possession of dental equipment and instruments an offence except by a properly registered and licensed dentist. This amendment failed to pass by a small majority.

AUXILIARY SERVICES

12. The question arises from these legislative proposals whether it is good policy to open two contentious pieces of legislation at the same time that are so directly opposed to each other. To lay persons, even legislators, the subjects are confusing and past experience shows that there is a tendency to refuse both.

13. Copies of these Bills are attached to and form part of this report (on file).

-14. The Social Credit League of B.C., at a meeting in October, 1954, reaffirmed its support of a resolution urging the government to institute legislation permitting dental mechanics to deal directly with the public for the provision of full dentures, provided the impressions were made by a qualified, licensed dentist. In support of this resolution, a Bill was presented to the recent Session of the Legislature.

15. From press and radio releases, it was learned that a meeting had been held in Edmonton in January of this year of representatives of dental technicians to establish a national organization. From information received from various sources, it is apparent that the intention of the representatives was to organize the illegal labs in order to consolidate their position with the avowed purpose of obtaining legislation in all provinces permitting them to deal directly with the public for supplying dentures. It was noted in certain press clippings that representatives of seven provinces had attended but further information from various sources indicates there were actually representatives from Manitoba, Alberta and British Columbia only and that the meeting was held in Alberta because of the situation existing there, under sections of the Public Health Act, permitting a limited association between a dentist and a lab for supplying dentures to the public. Later information states that the Bill was lost on second reading by a fairly substantial majority.

16. A copy of the British Columbia Bill is attached to and forms part of this report (on file).

17. It is apparent that the illegal practitioners' efforts to establish themselves in the prosthetic field are going to continue and that they are moving towards the establishment of a national group to further their ends. It is the conviction of this Committee that each provincial Board should set up a committee to deal solely with this problem and that a continuing liaison should be established between all provincial Boards for the purpose of establishing an organized front in opposition.

18. There is no hope of getting rid of this problem and of illegal practices by mechanics at any time in the foreseeable future. For this reason we believe that this or some similar committee should be a standing committee of the C.D.A.

This report is submitted for the consideration of this Board by your Committee.

RECOMMENDATIONS AND RESOLUTIONS

We have carefully studied this interesting and highly informative report and beg to report as follows:

Paragraphs 1, 2, 3, 4, 5, & 6

The information in these paragraphs was enlarged upon by Dr. Whyte, and after lengthy discussion of the serious implications to the public and to the dental profession, the following resolution was passed:

- Whereas (a) the modern concept of dental care of children involves consideration of growth and development and is therefore too important to delegate to personnel with limited training in basic sciences
- (b) The training of the New Zealand type of dental nurse requires training facilities comparable to those required to train dentists
- (c) In the light of the cost of training such personnel and in view of the limited type of service which they can render, the proposal is considered economically unsound and not in keeping with the present proven concept of child dental care and

Whereas since the New Zealand dental nurse scheme was mooted, 40 years ago, the emphasis in dental care has shifted from treatment to prevention, and,

Whereas there exist such proven preventive measures as proper oral hygiene, sound dietary practices, topical application of fluorides, scaling and polishing of teeth, dental inspections and early referrals for treatment, and,

Whereas these and other preventive services for both adults and children can be delegated to ancillary personnel, the dental hygienist who can be adequately trained in a two-year course with few additions to dental school equipment, staff and space, and,

Whereas the services of the dental hygienist fit into the modern concept of dental care and she can increase by 40% the technical service which the dentist alone is qualified to render, without delegating to her any services which are beyond the scope of her training, therefore be it

Resolved that the Canadian Dental Association recommend the employment of dental hygienists but do not approve the principles involved in the New Zealand Dental Nurse Plan.

7., 8. & 9. Information noted.

AUXILIARY SERVICES

10. Arising from the discussion of this paragraph the following resolution was presented:

Whereas, in many provinces, the ethical dental labs are poorly organized on a provincial basis, therefore be it

Resolved that the Provincial Dental Legal Bodies be requested to cooperate with and offer assistance to the ethical dental labs in the conduct of their organization.

- 11., 12., 13. & 14. Informative.

15. & 16. Valuable information.

17. Noted.

18. We recommend that the Auxiliary Services Committee be charged with the responsibility of establishing liaison between the provincial legal bodies for the purpose of combating illegal practice.

We wish to commend the Auxiliary Services Committee for their untiring efforts and to recommend the adoption of the report.

APPROVED

MEMBERS OF BY-LAWS COMMITTEE: J. Stanley Bagnall, Chairman, Halifax, N.S.; G. L. Cameron, Ottawa, Ont.; S. A. Moore, London, Ont.; G. M. Dewis, Halifax, N.S.

REPORT

1. By-Laws:

No requests for changes in the By-Laws have been received this year.

2. Terms of Reference:

The Public Relations Committee, at the meeting in 1954, requested two additional members on their committee. This was approved. The first paragraph of the "Terms of Reference" of the "Committee on Public Relations" should therefore be amended to read—"eight members" instead of the present—"six members".

3. No further changes or additions are recommended at this time.

APPROVED

MEMBERS OF '55 CONVENTION COMMITTEE: W. G. McIntosh, Chairman, Toronto, Ont.; D. W. Gullett, Secretary, Toronto, Ont.; Mrs. P. Booker, Toronto, Ont.; J. D. Purves, Toronto, Ont.; Wm. Nursey, Toronto, Ont.; R. A. Clappison, Toronto, Ont.; M. G. Boyes, Toronto, Ont.; H. R. Bateman, Mount Dennis, Ont.; L. M. Grose, Toronto, Ont.; W. J. Smith, Toronto, Ont.; J. H. Johnson, Toronto, Ont.; F. H. Shepherd, Toronto, Ont.; W. J. Spence, Toronto, Ont.; V. H. Large, Toronto, Ont.; W. J. Dunn, Toronto, Ont.; M. N. Rockman, Toronto, Ont.; D. L. Rife, Toronto, Ont.; H. Milburn, Toronto, Ont.; L. R. Braden, Ottawa, Ont.; Mrs. P. G. Anderson, Toronto, Ont.; Mrs. H. R. Bateman, Toronto, Ont.; Mrs. L. R. Braden, Ottawa, Ont.

REPORT

The following is a report of the preparations for the 1955 Joint Convention of the Canadian Dental Association in cooperation with the Ontario Dental Association.

1. At the invitation of the Ontario Dental Association the Convention is to be held in Toronto, May 15th to 18th, 1955, at the Royal York Hotel.

2. The personnel of the Joint Convention Committee is:

Dr. P. G. Anderson, President C.D.A.

Dr. L. R. Braden, President O.D.A.

Dr. D. W. Gullett, Secretary

Mrs. R. E. Booker, Treasurer

Dr. H. Bateman, Chairman Reception Committee

Dr. M. Boyes, Chairman Luncheon Arrangements Committee

Dr. R. Clappison, Chairman Equipment Committee

Dr. W. Dunn, Chairman Programme Committee

Dr. L. Grose, Chairman Publicity Committee

Dr. J. H. Johnson, Chairman Table Clinics Committee

Dr. V. Large, Chairman Sunday Evening Musicales Committee

Dr. H. Milburn, Chairman Group Clinics Committee

Dr. W. Nursey, Chairman Registration Committee

Dr. J. Purves, Chairman Host Committee

Dr. D. Rife, Chairman Dental Public Health Committee

Dr. M. Rockman, Chairman Art Exhibit Committee

Dr. H. Shepherd, Chairman Exhibitors Committee

Dr. J. Smith, Chairman Scientific Motion Picture Committee

Dr. W. Spence, Chairman General Arrangements Committee

Mrs. M. Anderson and

Mrs. H. R. Bateman, Co-chairmen of the Ladies Committee

Dr. W. G. McIntosh, Joint Chairman

3. Convention Theme

Your Committee has selected the theme "Dental Progress through Applied Research". Effort is being made to have all essayists and clinicians adapt their presentations to this general theme.

4. Hotel Accommodation

The Chairman of General Arrangements has confirmed all hotel reservations with Mr. Street of the Royal York Hotel. In addition to the rooms set aside for strictly convention purposes, the hotel has guaranteed 300 rooms for out of town visitors.

5. General Plan of Convention

(a) The same general plan of programme as was followed at the last joint convention in Toronto in 1950 is being employed with two exceptions.

- (1) The Annual Meetings of the Ontario Dental Association and the Dentists' Legal Protective Association, which have previously come to order immediately following the Monday noon luncheon will this year be held at 10.30 a.m., preceding the luncheon.
- (2) In place of the Essay Programme previously held on the Tuesday afternoon, your Committee has decided to have eight 12 minute presentations. It is hoped that these concise reports of the latest developments in eight different phases of dental service will be one of the highlights of the 1955 programme.

(b) The same pattern respecting finances as applied for the joint meeting of the C.D.A. and O.D.A. in Toronto in 1950 has been endorsed by the Convention Committee. The budget as prepared, appears in Appendix A to this report.

(c) The complete programme is outlined in Appendix B.

6. Speakers

The Convention Committee has been most fortunate in securing a group of Essayists and Clinicians, each of whom has a fine record both professionally and as a teacher. We are pleased to submit the following list of speakers and the general subject about which they will speak.

(1) Essayists

- (a) Dr. J. Volker—Dean of Faculty of Dentistry,
University of Alabama

Subject—"Caries Control"

- (b) Dr. R. R. McIntyre—Calgary, Alberta

Subject—Grieve Lectureship in Orthodontics

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- (c) Dr. K. F. Box—Presenting a paper for Dr. H. K. Box, Toronto
Subject—"Oral Sepsis"

(2) Clinicians

- (a) Dr. H. Tanner, Bethesda—High Speed Instruments
- (b) Dr. V. Tremblay, Montreal—Endodontics
- (c) Dr. C. H. Schuyler, New York—Partial Dentures
- (d) Dr. H. J. Merkeley, Winnipeg—Full Dentures
- (e) Dr. G. Morgan, Toronto—Radiography
- (f) Dr. A. Wood, Toronto—Paedodontics
- (g) Dr. F. D. Ostrander, Ann Arbor—Therapeutics
- (h) Dr. O. Yule, Toronto—Fixed Bridge Work
- (i) R.C.D.C.—Lt. Col. I. A. L. Millar, Major A. T. Roger, Major
G. R. Covey—Patient Selection
- (j) Dr. C. H. M. Williams, Toronto—Periodontics
- (k) D.P.H.—Dr. Marjorie Jackson, Dr. Morley Crockford, Dr. J. T.
Crouch, Dr. W. K. Shultis—Dentistry for Children
- (l) Dr. A. Posen, Toronto—Preventive Orthodontics
- (m) Dr. Carl Miller, Cleveland—Amalgam Restorations
- (n) Dr. W. C. Bushell, Montreal—Gold Inlays
- (o) Dr. E. C. Thompson, Urbana—Oral Surgery

(3) Tuesday Afternoon Speakers

- (a) Dean R. G. Ellis—Chairman
- (b) Dr. J. Volker—Endocrine function of salivary glands
- (c) Dr. Tanner—Hydroflo technique
- (d) Dr. Merkeley—Mouth preparation for dentures
- (e) Dr. H. K. Brown—Water fluoridation
- (f) Dr. F. D. Ostrander—Endodontics
- (g) Dr. J. B. Macdonald—Toxicity of the contents of periodontal
pockets
- (h) Dr. D. Mitchell—Operative dentistry and the cleft palate child
- (i) Dr. E. C. Thompson—Newer Drugs in oral surgery

7. Sunday Evening Musicale

Through the Chairman of the Sunday Evening Musicale Committee the Opera Miniatures have been engaged as entertainers for this event. The enviable reputation of this group and their variety type of programme insures a concert that will be enjoyed by all types of critic.

8. Dental Public Health

The Dental Public Health group are again planning on having a breakfast meeting on the Monday morning at 8.30. Dr. Gordon Bates of the Health League of Canada will be the guest speaker.

9. Scientific Motion Pictures

The Chairman of this committee has secured, and made arrangements for showing the latest scientific motion pictures of the various phases of dental service. It is planned to have a continuous showing of these pictures each morning during the convention.

10. Exhibitors

All available space for exhibitors is under contract, with 72 companies represented. Several commercial firms applied for exhibit space but had to be refused because of lack of room.

At the request of several of the exhibitors, the exhibit hall, which has previously been closed at 12 o'clock noon on Wednesday, will this year be left open until 2 p.m.

11. Luncheons

Monday and Tuesday luncheons are planned as part of the Convention programme.

The Monday luncheon will be under the chairmanship of the President of the C.D.A. The guests will be addressed by the President on the subject of "A Philosophy for the Dental Profession." The incoming president of the C.D.A. will be installed at this meeting and in addition an oil portrait of Dr. H. K. Box will be presented to him on behalf of the dentists of Canada, in recognition of his outstanding services to dentistry.

The President of the O.D.A. will chair the Tuesday luncheon. A recognized authority and well known speaker, Dr. O. Holden of the Ontario Hydro Electric Power Commission, will address this meeting on the timely subject of the 'St. Lawrence Sea-Way Project'. Dr. C. H. M. Williams of Toronto will give a brief report on the present status of the University of Toronto Dental Research Fund-Raising Campaign.

12. Art Exhibit

The Chairman of this committee has labored long and well to make the art exhibit an outstanding display of the talents of the dentists and their

CONVENTION

associates from all across Canada. To date well over 100 entries from 68 individuals have been received, covering a wide range of arts. It should be a real pleasure to see what others are doing.

13. Publicity

The Convention Committee is indebted to the Canadian Society of Dentistry for Children for their initiative in printing and distributing 24,000 publicity stickers to the Dental Dealers in Canada. The stickers displayed the date of the Annual Meeting of the Canadian Society of Dentistry for Children, Saturday, May 14, 1955, as well as the dates of this Joint Convention. For a period of two months each parcel that was delivered to a dentist from a dental supply house displayed one of their stickers. The cooperation of the Dental Dealers who participated in this activity is greatly appreciated by the Publicity Committee.

All the dentists of Canada have been circularized with advance publicity material regarding the Convention. This material was made up of a colored booklet about Ontario, an Ontario Road Map and a covering letter. The booklet, the map, the envelope and the postage were all provided by the Ontario Government, with no cost to the profession. The Chairman of Publicity has also been responsible for obtaining good publicity for the Convention in the dental journals, at local dental society meetings and in various nurses' and class bulletins. He assures us that adequate press, radio and television coverage will be available at the time of the Convention.

14. Programme

The Convention Committee has relied heavily on the Chairman, who is responsible for the arrangement and printing of the convention programme bulletin. I have every confidence that this year's bulletin will be one of the finest and most efficient that has been produced.

15. Table Clinics

The table clinic chairman reports that 34 table clinics have been arranged. The committee is pleased that dentists from coast to coast have been willing to take part in this aspect of the programme. Dental techniques, research procedures, nurses' assistance and hygienists' activities will all be on display for your benefit.

16. Ladies Committee

(a) The co-chairmen of the Ladies Committee report that for this year the ladies will have one registration fee of \$10.00 which will cover the cost of

- (1) a registration gift
- (2) a coffee party on Monday morning
- (3) a ladies banquet on Monday evening and
- (4) a ladies luncheon at Casa Loma on Tuesday.

A letter has been sent to the wives of Toronto dentists and to the Presidents of the Dental Ladies Auxiliaries throughout Ontario, advising them of the social events for the ladies and requesting that they send in for advance registration.

(b) The Presidents' Ball

The ladies are planning to make the Presidents' Ball a very gala social event which no one will want to miss. A 'Gay Nineties' theme has been chosen for the evening's fun. It will begin with a social and cocktail hour, then a banquet followed by some fine entertainment, and finally an evening's dancing to Mart Kenney and his 'Western Gentlemen', with Norma Locke as vocalist.

An advance sale of dinner and dance tickets began soon after the appearance of the March issues of the dental journals.

17. Other Committees

The work of the registration, reception, host, group clinics, and equipment committees is apparently well organized.

Without going into the detail of the activities of each committee, the main concern of the registration, reception and host committees has been to have a warm hand of friendship in prominent display throughout the meeting, and to facilitate the registration in the hotel and at the meeting itself.

The group clinics and equipment committees have endeavoured to have the physical requirements for the speakers arranged in the best manner possible, both for the convenience of the speaker and the participation of his audience.

18. Secretarial Service

This report would not be complete without specially commenting on the tireless and willing services of Dr. Don Gullett (and his staff) who is acting as Secretary of this Committee, and also of Mrs. R. E. Booker, Secretary of the Ontario Dental Association, who is our Treasurer. A major portion of the responsibilities of the convention committee have been assumed and executed with the utmost efficiency by these two individuals.

19. C.D.A. Pension Insurance Plan

A communication has been received by the Convention Committee from Mr. Williamson, administrator of the C.D.A. Pension Insurance Plan, requesting permission to give a table clinic and have announcement in the programme of his location in the hotel during the meeting. The committee decided to cooperate with Mr. Williamson in his requests.

20. Conclusion

I wish to conclude this report by commenting on the friendliness, the fine cooperation, the keen interest, and the attitude of willingness to do the job,

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that have been demonstrated by each of the committee chairmen and chairwomen in all of the committees' activities thus far. These qualities on the part of the committee members make the chairman's task light and guarantee a scientific and social convention of high calibre.

Appendix A

CONVENTION BUDGET 1955

Registration Fee \$20.00

Basis of Division:

Registrants from Ontario: \$8.00 for Convention \$12.00 to O.D.A.
Registrants from Outside Ontario: \$8.00 for Convention \$12.00 to C.D.A.

Surplus or deficit to be divided on pro ratio basis as to registration

Estimated Revenues

Exhibit Space	\$ 6,000.
Grant—City of Toronto	100.
Registration Fees @ \$8.00 ea. est. 900	7,200.
Dinner Dance @ \$10.00 per couple, est. 300	3,000.
	\$ 16,300.

Estimated Expenditure

Honoraria (Clinicians & Essayists) \$ 3,000.

Entertainment

2 Luncheons	4,000.
Sunday Evening Musicale	400.
Sunday Evening Luncheon	250.
Hosts Committee	250.
Ladies Committee	100.
Flowers	100.

Operating Expenses

Exhibit Hall Rent	900.
Erection of Booths, etc.	625.
Electric Outlets	125.
Cartage	25.
Commissionaires	160.
Signs	100.
Night Watchmen	150.
Gratuities	400.
Porters	50.
Students Employed	225.
Allowance for Presidents	100.

Transportation	
Convention Office Rent	75.
Sundries	1 00.
Registration	
Badges	150.
Printing	150.
Typewriters	20.
Extra Girls	175.
Sundries	40.
Programs	600.
Publicity	75.
Exhibitors Reception	140.
Scientific Motion Pictures	100.
Art Exhibit	100.
Dinner Dance	3,000.
Sundries	250.
	\$ 15,935.
Surplus	
	\$ 365.

Appendix B

PROGRAMME IN BRIEF

SUNDAY, MAY 15, 1955

2.00 - 5.00 p.m. — Registration	- - - - -	Convention Floor
- 8.45 p.m. — Musicale—Opera Miniatures	- - -	Concert Hall
- 9.45 p.m. — Art Exhibit Open	- - -	Convention Mezzanine

MONDAY, MAY 16, 1955

- 8.30 a.m. — Dental Public Health Breakfast	- -	Tudor Room
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Speaker: Dr. Gordon Bates, General Director,
Health League of Canada

Registration

- 9.00 a.m. — Art Exhibit Open	- - -	Convention Mezzanine
Commercial Exhibits	- - -	Exhibit Hall
9.30 - 11.30 a.m. — Scientific Motion Pictures	- - -	P.D.R. No. 10
- 10.30 a.m. — Ontario Dental Association Meeting	- -	Ballroom
- 11.15 a.m. — Dentists' Legal Protective Association	- -	Ballroom

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- 12.15 p.m. — Canadian Dental Association Luncheon - Concert Hall
Speaker: Dr. P. G. Anderson
- 2.15 p.m. — Essay Programme - - - - - Ballroom
Dr. J. F. Volker
- 3.00 p.m. — Dr. R. R. McIntyre
- 3.45 p.m. — Dr. H. K. Box
- 6.00 p.m. — Class and Fraternity Dinners

TUESDAY, MAY 17, 1955

- 8.30 a.m. — Registration - - - - - Convention Floor
- 9.00 a.m. — Art Exhibit Open - - - Convention Mezzanine
Commercial Exhibits - - - Exhibit Hall
- 9.30 - 11.30 a.m. — Scientific Motion Pictures - - - P.D.R. No. 10
- 9.30 - 11.45 a.m. — Group Clinics
- 11.30 a.m. — O.D.A. Elections - - - Convention Floor
- 12.15 p.m. — Ontario Dental Luncheon - - - Concert Hall
Speaker: Dr. Otto Holden, Chief Engineer,
Ontario Hydro Electric Power Commission
- 2.15 p.m. — Eight 12-minute Presentations - - - Ballroom
Moderator: Dean Roy G. Ellis
- 6.30 - 7.30 p.m. — Cocktail and Social Hour - - - Ballroom
- 7.30 p.m. — Dinner and Presidents' Ball - - - Concert Hall

WEDNESDAY, MAY 18, 1955

- 9.00 a.m. — Art Exhibit Open - - - Convention Mezzanine
Commercial Exhibits - - - Exhibit Hall
- 9.30 - 11.30 a.m. — Scientific Motion Pictures - - - P.D.R. No. 10
- 9.30 - 11.45 a.m. — Group Clinics
No Scheduled Luncheon
- 2.15 p.m. — Table Clinics

LADIES PROGRAMME

SUNDAY, MAY 15

- 2.00 - 5.00 p.m. — Registration
- 8.45 p.m. — Sunday Evening Musicale

MONDAY, MAY 16

9.00 - 11.45 a.m. — Registration

10.00 - 10.30 a.m. — Coffee Party - - - - - Palm Court

- 6.30 p.m. — Buffet Dinner - - - - - Roof Gardens

“Old Fashioned” Fashion Show staged with the courtesy
of the Alpha Gamma Delta Fraternity

Bridge

TUESDAY, MAY 17

- 1.00 p.m. — Luncheon and Tour of Casa Loma

- 6.30 p.m. — Cocktail and Social Hour - - - - - Ballroom

- 7.30 p.m. — Dinner and Presidents’ Ball - - - - - Concert Hall

Theme—“The Gay Nineties”

COMMENT

1.-5. Noted with approval.

6.-15. We commend the Committee on their selection of outstanding essayists and clinicians and for the attempt in carrying out the practical aspects of the Convention Theme, “Dental Progress through Applied Research”. The large number of art exhibits is noted with pleasure.

16. We congratulate the Ladies Committee for their efforts in planning a programme which will be both interesting and entertaining for the ladies attending the Convention. We also commend them for their action respecting advance registration. This should prove to be of real value in finalizing plans.

17.-20. Noted and appreciated.

We wish to extend our congratulations to the General Chairman and the Chairmen of the various sub-committees and all those who have contributed in any way in helping to produce a program which would appear to be most interesting, instructive and entertaining.

We recommend the adoption of the Report of the 1955 Convention Committee.

APPROVED

MEMBERS OF THE COUNCIL ON DENTAL EDUCATION: Roy G. Ellis, Chairman, Toronto, Ont.; H. W. Reid, Toronto, Ont.; A. L. Walsh, Montreal, P.Q.; J. A. Fortier, Montreal, P.Q.; Wm. Miller, Vancouver, B.C.; D. P. Mowry, Montreal, P.Q.

REPORT

1. The Council held its annual meeting at the Headquarters of the Canadian Dental Association on January 27 and 28, 1955. Since the previous meeting was held as recently as late June 1954, some of the sub-committees of the Council were limited to progress reports. All members of the Council were present. The President of the Association, Dr. P. G. Anderson, honoured us with his presence for part of the meeting. Dean A. C. Lewis, Chairman of the Survey Team, was in attendance at two sessions; the Chairman of the Council on Dental Education of the American Dental Association, Dr. P. E. Blackerby, was present upon invitation of the Council and was most helpful in the deliberations. By invitation, Miss Andree Hebert, and Drs. G. Nikiforuk, G. T. Mitton, and D. M. Tanner presented reports to the Council on special topics on the agenda.

2. The Council gave further consideration to one item which was referred back to the Council at the last annual meeting. This resolution concerned admission of candidates holding qualifications equivalent to the Canadian graduate, direct to license board examinations. The Council authorized the Chairman, "to appoint a Committee to set up methods of evaluating graduates who should be acceptable for such examination".

Conference for Dental Teachers

3. Arising out of previous discussion and a further report from Dean A. C. Lewis, steps were taken to organize a conference for dental teachers on teaching methods and procedures. With the advice and guidance of Dean Lewis and the staff of the Ontario College of Education, it is proposed that the first conference will be held in Toronto in September 1955. It is intended that a series of such conferences will be organized in all dental school centres in Canada with financial assistance from the W. K. Kellogg Foundation. (See Appendix B.)

Dental Hygiene Education

4. The Council considered overseas dental hygiene training programmes and after due deliberation recommends that because of the lack of uniformity of standards in the courses offered, no action be taken with respect to recognition of the dental hygiene certificates obtained overseas.

5. The Committee studied the overall question of facilities for the training of dental hygienists in Canada. The following factors were considered to be important if the dental hygienist was to become properly orientated as an ancillary service in the practice of dentistry.

- (a) The dental hygienist should be trained as a member of a professional team. Therefore, her training should be closely integrated with the undergraduate student training (the general practitioner of the future) and with the graduate student in the specialty field, and the future dental public health officer in training.
- (b) The dental hygienist should be trained in an institution associated with a university, where courses in the required sciences are well established and readily available.
- (c) The dental hygienist should be trained in an institution where adequate clinical facilities are well established and where there is an abundance of clinical material.
- (d) Above all, the dental hygienist should be trained in an atmosphere which is permeated with the overall professional approach. We believe that the established dental school is the only type of institution which meets all these requirements and therefore recommend:
 - (i) that it is imperative that dental hygiene education be restricted to dental schools.
 - (ii) That the dental schools already established must meet their obligation in this respect. We would urge that further representation be made in respect to this aspect of their responsibility.

Teaching Facilities

6. A report from the Council's sub-committee on the extension of the teaching facilities revealed progress in several areas. The University of Montreal announced provision of funds for new equipment; McGill University announced that they anticipated early occupation of their new clinical quarters in the Montreal General Hospital; Toronto University stated progress was being made in their quest for a new building; the University of British Columbia had recommended to the government of that province that a dental consultant be appointed to survey the dental needs of the province.

Dentistry as a Career

7. As the result of Dean Lewis's advice and guidance, the brochure "Dentistry as a Career" was revised and issued. This pamphlet is available in an attractive form for distribution. The Council commends the headquarters staff for the excellent work being done with their printing press.

Admission Requirements

8. A preliminary report on admission requirements from a sub-committee comprising the Deans of the five Canadian dental schools indicated progress. The objective of the study is the preparation of a statement which will be a useful guide to registrars of Canadian universities, registrars of provincial license

DENTAL EDUCATION

boards, Vocational Guidance counsellors and deans of dental schools in their efforts to advise prospective dental students in their pre-professional education.

National Dental Examining Board

9. The representatives from the Council to the National Dental Examining Board reported that the results of the first national examinations had provided convincing evidence that the National Board was determined to hold its standards high.

10. The Deans of the dental schools were being provided with a confidential report on the marks obtained by each of their respective graduates, so that they might review, with the departments concerned, any weakness revealed through the N.D.E.B. examinations.

Teaching of Anaesthesiology

11. With the cooperation of the Canadian Society of Oral Surgeons a sub-committee of the Council has been established under the leadership of Dr. J. H. Johnson to study the teaching of anaesthesiology. This committee has been established on a very broad basis, with representation from each of the provinces, from each of the Canadian dental schools and members representing both general practice and the specialty fields.

12. Two fact-finding questionnaires proposed by the Committee, one to the profession, and one to the dental schools, were approved in principle. The Council agreed to seek financial provision to bring together in due course five members of this committee (including the Chairman) at a central point to facilitate the preparation of their final report.

Hospital Dental Internships

13. Copy of "Requirements for the Approval of Dental Internships" is attached to this report as Appendix C.

With the cooperation of the Hospital Dental Services Committee, the following "modus operandi" is recommended for the approval of Hospital Dental Internships.

- (a) Hospital Dental Department must first receive approval by the Hospital Dental Services Committee.
- (b) Application for approval of a dental internship is made by the approved hospital to the Council on Dental Education.
- (c) The Council refers application to Hospital Dental Services Committee for any comments.
- (d) The application is studied by the Council and their decision is made.
- (e) This decision may be approval or non-approval. In the latter case every effort should be made to have the hospital bring their programme into line so that approval may be given.

- (f) Filing of the final decision with the Secretary of the Canadian Dental Association for inclusion in a list of approved or not approved dental internships.

Financial Statement

14. Arising out of the reports issued by the Survey Team and from the deliberations of the Council on Dental Education from time to time, a number of projects relative to dental education present themselves for study in the future.

15. To assist in planning for the future, some of these needs have been projected into a five-year programme (1956-1960). The proposed budget for the five-year period is submitted as appendix A to this report. This statement is in line with a letter written on July 8, 1954, to the Chairman of the Finance Committee.

Miscellaneous

16. The need for the preparation of a brochure on "Dental Hygiene as a Career for Women" was discussed. A committee under the leadership of Miss Andree Hebert was established to prepare a pamphlet.

17. Further study is being given to the academic qualifications for specialists.

Appendix A

COUNCIL ON DENTAL EDUCATION

Canadian Dental Association

Summary of Budgets, 1956-1960

Year	Revenue	Expenditure
1956	5,000.00	6,000.00
1957	6,500.00	6,500.00
1958	8,000.00	8,000.00
1959	8,000.00	8,000.00
1960	8,000.00	8,000.00

Budget for 1956

Revenue

Association Grant	\$3,000.00
Kellogg Foundation Grant	2,000.00
	5,000.00

Expenditure

Council Meeting	\$1,500.00
Survey Team	3,000.00

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Conference on Anaesthesiology		1,000.00
Sundries		500.00
To: Deficit	1,000.00	
	\$6,000.00	\$6,000.00
By: Deficit Balance b/fwd		\$1,000.00

Budget for 1957

Revenue

Association Grant		\$3,500.00
Kellogg Foundation Grant—		
(a) Survey Team	\$1,500.00	
(b) Teaching Conference	1,500.00	
		3,000.00

Expenditure

Council Meeting		\$1,500.00
Survey Team—Honorarium		1,500.00
Secretarial help and other		
expenses—Survey Team		1,200.00
Teaching Conference		1,500.00
Sundries		800.00
	\$6,500.00	\$6,500.00

Budget for 1958

Revenue

Association Grant		\$6,000.00
Kellogg Foundation Grant—		
(a) Survey Team	\$1,000.00	
(b) Teaching Conference	1,000.00	
		2,000.00

Expenditure

Council Meeting		\$1,500.00
Survey Team—Honorarium		1,000.00
Council Secretary (Part-time)		1,500.00
Secretarial Expenses		1,000.00
Conference—Practice Management		1,000.00
Teachers' Conference		1,000.00
Sundries		1,000.00
	\$8,000.00	\$8,000.00

Budget for 1959

Revenue

Association Grant	\$7,000.00
Kellogg Foundation Grant—	
(a) Survey Team	\$ 500.00
(b) Teaching Conference	500.00
	1,000.00

Expenditure

Council Meeting	\$1,500.00
Survey Team—Honorarium	1,000.00
Council Secretary (Part-time)	1,500.00
Secretarial Expenses	1,000.00
Conference—Preventive Dentistry	1,500.00
Teachers' Conference	500.00
Sundries	1,000.00
	\$8,000.00
	\$8,000.00

Budget for 1960

Revenue

Association Grant	\$8,000.00
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Expenditure

Council Meeting	\$1,500.00
Survey Team—Honorarium	1,000.00
Council Secretary (Part-time)	2,000.00
Secretarial Expenses	1,000.00
Conference—Oral Surgery	1,500.00
Sundries	1,000.00
	\$8,000.00
	\$8,000.00

CONFERENCE IN DENTAL EDUCATION

September 12-14, 1955

Toronto

First Day	Second Day	Third Day
9.00 "Your Philosophy of Education"	"The Improvement of Instruction"	"The Place of Drill and Review"
9.30 "What Is a Good Teacher?"	"Teaching Hand Skills"	"Principles of Curriculum Construction"
10.00 "General Methods in Teaching"	"Motivation"	"The Value of Audio-Visual Aids"
10.30 Discussion	Discussion	Discussion
10.45 Break	Break	Break
11.00 Lecture Demonstration by member of Dental Staff	Dental Chair Demonstration by member of Dental Staff	Laboratory Demonstration by member of Dental Staff
... discussion	... discussion	... discussion
LUNCH		
1.30 Lecture: Measurement and Evaluation	Lecture: Measurement and Evaluation	Lecture: Measurement and Evaluation
2.30 Break	Break	Break
2.45 Workshop in Measurement and Evaluation. Practical work in testing procedures and marking.		
4.00 Dismiss	Dismiss	Dismiss

REQUIREMENTS FOR THE APPROVAL OF DENTAL INTERNSHIPS

Council on Dental Education

Canadian Dental Association

234 St. George St., Toronto 5, Ont.

The Council is indebted to the American
Dental Association for much of the
material herein contained.

I. Introduction:

(a) Dental internships in hospitals and clinics provide a professional education beyond the undergraduate level. They are a means by which the graduate may employ and expand his knowledge and technical skill. The intern is brought into close contact with professional confreres, which reflects upon the profession as a whole, and tends to mold the professional qualities of the individual.

It is essential that the intern be of good character and above average in his studies.

His appointment should be made on a yearly basis, so that each year may be assessed before continuation.

(b) The hospital and particularly the dental staff have certain responsibilities which they must be prepared to accept.

A training program must be established and published as a guide to all concerned.

There must be an adequate number and variety of patients to satisfy the demands of the training program.

Supervision of the program is of the greatest importance. The supervisor must be of the highest ethical and educational qualifications so that he may impart to the student the finest professional character.

II. Types of Internship:

The Council on Dental Education recognizes two types of internship programs.

(a) Rotating—this covers the general practice of dentistry.

(b) Straight—this covers one major field of dentistry with associated minor subjects. This type is adaptable to specialist training.

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A hospital or clinic may seek approval for one or both of these types.

III. Purpose and Terminology:

The internship program must provide a sound post graduate education rather than a service to clinic or hospital as its principal purpose.

The first year of internship shall be designated "Junior" and the second year "Senior".

IV. Training:

The Council recommends the following program:—

The Council will expect the training program to be arranged so that dental intern, by the end of his year of service, will have—

- (1) Developed experience in the recognition of abnormalities and diseased conditions in the jaws and associated structures requiring surgical or medical treatment and in the ability to make a complete diagnosis of those diseases and disorders usually treated by the dentist in his private practice.
- (2) Developed experience in the development of the ability to make a diagnosis and prognosis in the rehabilitation of the patient and restoration of the teeth and structures in the oral cavity.
- (3) Developed experience in the technics in the field of oral roentgenology.
- (4) Increased his ability to recognize oral manifestations of systemic diseases.
- (5) Developed experience in the understanding of the pathology of the oral tissues including tumors.
- (6) Developed experience in the evaluation of the patient's physical ability to undergo anesthesia, general or local, for oral surgery.
- (7) Developed experience in the employment of surgical judgment in regard to the time for and extent of oral surgery safest for the patient.
- (8) Increased his understanding of the value of and indications for the hospitalization of patients who require oral surgical procedures.
- (9) Developed experience in the prevention of shock during or following dental operations and in the treatment of the patient when shock occurs.
- (10) Developed experience in the treatment of (a) hemorrhage associated with the removal of teeth and wounds occurring in the mouth; (b) abnormalities of the oral cavity such as irregular or excessive alveolar process, exostosis and tori; (c) acute inflammatory conditions arising about

the teeth and associated structures; (d) chronic periapical infections and their sequelae; (e) wounds and injuries of the soft tissues of the oral cavity; (f) root fragments and foreign bodies about the alveolar process; (g) injuries to the teeth and alveolar process; (h) fractures of the maxilla and mandible; (i) dislocation, subluxation and other disturbances of the temporomandibular articulation; (j) benign tumors and cysts of the jaws; (k) salivary duct calculi; (l) incision and drainage of cellulitis and abscesses of dental origin.

(11) Developed experience in the use of chemotherapy and antibiotics as they apply to diseases of dental origin.

(12) Increased his knowledge of the principles of irradiation therapy.

(13) Developed experience in the administration of general and regional anesthesia for dental operations.

(14) Developed experience in the conduct of postoperative care.

(15) Improved his skill in the technics of operating in the field of restorative (operative) dentistry.

(16) Improved his skill in the technics of operating in the area of crown and fixed bridge prosthetics.

(17) Improved his skill in the technics of operating in the area of full and partial denture prosthetics.

(18) Improved his skill in the technics of constructing facial and/or oral prosthetic restorations as a rehabilitation measure in maxillo-facial surgery.

(19) Improved his skill in the technics of operating in the field of endodontics.

(20) Improved his skill in the technics of operating in the field of pedodontics.

Obviously, in the straight type of internship, it will not be necessary for the intern to achieve all of the objectives listed above, but only in those categories that will apply to the particular type of internship in which he is participating.

V. General Scope of Training:

The dental intern will be expected to assist in the care of patients and to have charge of the treatment of some patients under the supervision of the hospital dental staff. His educational program should include examination and dental care of patients, the taking of case histories and the preparation of diagnostic charts; acting as assistant in the operating room for oral surgical operations; the performance of minor operations under supervision; attendance and participation in staff meet-

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ings and pathological conferences; service in the hospital laboratories, roentgenographic department and attendance upon autopsies.

VI. Dental Library:

There should be dental literature in the hospital library. Dental interns should be encouraged and stimulated to use the library, and may be properly asked to report on current dental opinion. Every hospital conducting graduate training should also have a basic collection of medical texts and journals available for ready reference.

VII. Record of Intern's Activities:

The Council suggests that hospitals keep a record of each intern's activities. Such information may be supplied to the chief of dental service by the intern himself on special forms where space is provided for data, such as the period of time covered, the service, the number of patients admitted on the service, the number of histories and oral examinations completed by the intern, the number of anesthetics given by him, the number of operations performed by him, the number in which he has assisted, the number of autopsies attended, the hours spent in the laboratories, and the number of lectures, seminars, clinics and conferences attended.

VIII. Miscellaneous:

It is expected that the hospital will wish to give special attention to such items as preparing a contractual agreement; providing living quarters for the intern, providing physical examinations; and acquainting the intern with the rules and regulations of all interns, residents and staff of the hospital.

IX. Hospitals and Clinics Eligible for Approval:

To be eligible for the training of dental interns, hospitals and clinics coming under the purview of an official accrediting agency must be registered and approved by that agency. The hospital or clinic must also have the approval of the Hospital Dental Services Committee of the Canadian Dental Association.

X. Application for Approval:

Hospitals and Clinics desiring approval for dental internships should apply to the Council on Dental Education of the Canadian Dental Association, 234 St. George Street, Toronto 5, Ontario.

COMMENT AND RESOLUTION

1. We note with interest and appreciation the diversity of representation at the annual meeting of the Council.

2. We note with satisfaction the procedure which is being followed to formulate an efficient method of evaluating the standards of graduates from universities outside of Canada.

Conference for Dental Teachers

3. We highly commend this action and express appreciation to Dean Lewis for his advice and guidance.

Dental Hygiene Education

4. Concur.

5. (a-d) We concur and submit the following resolution:

Whereas the need for additional ancillary service is urgent, and

Whereas the training of a dental hygienist should be integrated with undergraduate and post graduate training in a university dental school, therefore be it

Resolved that the Canadian Dental Association make strong representation to university authorities and to the Departments of Health and Education in the Provinces in which dental schools are located to encourage the establishment of courses of training for dental hygienists in order to meet the need.

Teaching Facilities

6. Note with satisfaction the progress which has been made.

Dentistry as a Professional Career

7. We concur.

Admission Requirements

8. We commend highly.

National Dental Examining Board

9. We express great satisfaction for the high standards which are maintained.
10. Noted.

Teaching of Anaesthesiology

11. We concur.
12. Noted.

Hospital Dental Internships

13. (a-f) We endorse the recommendation of the Committee and Council for the approval of Hospital Dental Internships and recommend further the adoption of the program.

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Financial Statement

14. Noted.

15. We commend the Council for this farseeing program and endorse their financial request for 1956.

Miscellaneous

16. & 17. Noted with satisfaction.

We note with interest that the results of the survey on the present status of Dental Research in Canada had been reported to the Council and that as a result the Deans of the Canadian dental schools were requested to re-examine their programs regarding research and further to take advantage of the Studentship program which is available for training personnel in the field.

We wish to congratulate the Council and its Chairman for the excellence of their work in the past year, and recommend the adoption of the report.

APPROVED

MEMBERS OF DENTAL PUBLIC HEALTH COMMITTEE: Arthur Poyntz, Chairman, Victoria, B.C.; Alex Gunning, Victoria, B.C.; J. A. Chambers, New Westminster, B.C.; J. C. Foote, Victoria, B.C.; W. A. MacDonald, Victoria, B.C.

REPORT

Your Committee begs to submit the following report covering its activities for the year 1954-55.

1. Owing to the shortness of the current year, we had to slightly curtail our program and did not accomplish all that we had planned.

2. The pamphlet "Facts" on fluoridation has been reviewed and brought up to date.

3. It is pleasing to report that the pamphlet "How to Brush Your Teeth" is still in great demand.

4. As usual, letters were sent to the different provinces notifying them of the date of National Health Week, and requesting them to take advantage of this opportunity by arranging suitable programs, e.g. radio and newspaper releases, and talks to different organizations.

5. Most of the provinces took some part in National Health Week, with Ontario and Alberta leading the way. Special mention should again be made, and Alberta commended on their splendid effort during this week. They spent a great deal of time and work in lining up their program, which consisted of lectures to various organizations, radio addresses, and some excellent newspaper articles.

6. Letters of thanks from this Committee were sent to the publisher of the Calgary Herald, and to the feature writer, Miss Shirley McNeil of this paper, complimenting them on the splendid articles and publicity that appeared in their paper.

7. At the request of the magazine "Health", two articles were written, one on Fluoridation, and the other on Prevention of Dental Caries, and sent to them.

8. A letter was written last fall to the Canadian Broadcasting Corporation to see if it would be possible to get a coast to coast broadcast over their network during National Health Week. It was suggested that a panel discussion on fluoridation would be of great value to their listening audience owing to the amount of publicity it is receiving at the present time.

(a) After further correspondence with Mr. W. John Dunlop, Supervisor of Institutional Programs, he said he was in favour of this program and would arrange it if possible.

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(b) On January 29th the Canadian Broadcasting Corporation carried a program on fluoridation entitled "This Week" from 11:15-11:30 E.S.T. to Trans-Canada East, and 6:45-7:00 p.m. E.S.T. to Trans-Canada West.

9. The London Life Insurance Company sent a booklet they issue on Dental Health to Dr. Gullett, stating they were having it reprinted, and asking his advice on bringing it up to date, and any suggestions he would care to offer. This was referred to our committee and returned with suggestions to change it.

(a) It was nice to note that this company took advantage of the opportunity to consult our secretary on this matter.

10. A number of radio scripts obtained from the American Dental Association, and several addresses, prepared by the Alberta Dental Association for use during Alberta Dental Week were received from Dr. Gullett, for review and revision. Once again we must express our appreciation to the American Dental Association for their cooperation, and thank the Alberta Dental Association for this material. These articles were reviewed and changes made we thought necessary for Canadian distribution.

11. A great number of news clippings were received which proves dentistry is getting its share of publicity. Fluoridation received a lot of publicity in these articles of which most was favourable. These articles dealing with dental health came from all the provinces and helps bring to the public's attention the importance of care of the oral cavity.

12. Fluoridation of communal waters has received a great deal of publicity during the past year, and numbers of articles have appeared in the press throughout the country, as well as talks over the radio. Most of these have been favorable, while some others have strongly opposed it. It is gratifying to note the public interest this has stirred up, but at the same time, rather disappointing that more towns and cities have not taken advantage of this method of reducing caries. However, at the present time, some of the municipalities are considering the fluoridation of communal waters, and it seems likely before the end of this year quite a number of them will have adopted this program.

13. Most of the difficulties and misunderstandings that arise between patients and dentists seem to start when the patients have been fitted with dentures. To help alleviate these troubles, it was suggested by Dr. Gullett that if the patients had printed instructions given to them when they receive their dentures, which would explain the difficulties they could reasonably expect, and the limitations of them, a great deal of trouble could be avoided.

(a) Dr..... of Winnipeg has been using this system for some years with marked success, and has kindly allowed us to use his folder as a guide. We expect to have these folders ready in a short time for distribution. We would like to suggest that the dentists who do prosthetics keep a supply of these instructions on hand, and give one to each of their patients when they furnish them with artificial dentures.

14. Each province is now striving to improve their dental public health program, with the result that these programs are rapidly growing, and require more personnel to keep up with the present demand. For a detailed program of the different provinces turn to Appendix A.

15. A budget of five hundred dollars.

(a) Development of material.

(b) Incidental expenses.

(c) to continue efforts in establishing a good dental health program.

Appendix A

DENTAL PUBLIC HEALTH PROGRAMS IN THE PROVINCES OF CANADA

NEWFOUNDLAND

Newfoundland has not a Director of Dental Services, and has few dentists available for this work. The dental health program naturally suffers for this reason. The Red Cross as usual is helping to quite an extent wherever possible. This year fluoridation of communal waters has aroused a lot of interest and considerable publicity has been given to this project.

PRINCE EDWARD ISLAND

In Prince Edward Island the dental health program has continued on the same lines as formerly.

The dental hygienists visited most of the schools in the province, spoke to the classes, left educational material with the teachers, and generally attempted to encourage dental health education. Instruction in this subject was also given by the Director to Teacher-training classes.

About 4,000 children in the Charlottetown and Summerside Schools were examined by the dental hygienists, and given individual education. Their parents were notified when treatment was required.

Two mobile units gave treatment in rural areas. In four centres, clinics were operated on a part time basis by practising dentists. Clinics in Charlottetown and Summerside gave treatment to needy children. However, the total amount of treatment given at all these clinics was only a small proportion of the amount required.

One project, which was instituted last year shows promise. Topical fluoride clinics, operated by dental hygienists, were set up in two urban centres. Pre-school children were accepted unconditionally. School children though had to have a certificate, signed by a dentist or dental hygienist, that all necessary

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dental treatment had first been completed. The purpose of these clinics, besides offering the beneficial effects of the fluoride applications, was to promote more dental treatment. There are indications that it is having this effect. It is intended to continue with the clinics this year and to increase their number.

Fluoridation of water supplies is receiving more attention and more opposition than formerly. It is to be regretted how much harm has been done by one or two dentists of good repute who, in the usual biassed unscientific manner, are actively opposing the measure. However, as the results of talks at Home and School Associations and other public meetings, the showing of films, and the distribution of pamphlets, there are hopes that this opposition will be overcome.

NOVA SCOTIA

Progress in the Dental Public Health in this province during the past year has centred around a program of fluoridation of public water supplies. Halifax and Dartmouth have made the most progress with their programs slated to begin sometime this year. In the Sydney areas there is a hot debate going on about it at the present time.

Of late the Dental Public Health Committee has been exploring the possibility of instituting a dental education program by means of the radio, however, this is only in the talking stage at present.

Mobile clinics were in operation and visits made to a number of communities in the different counties.

Dental health education was again stressed in the rural areas. Emphasis was placed on reduction of consumption of sugars, and the proper method of brushing the teeth and cleaning the teeth after eating.

In several sections the younger children are being treated in private offices through special arrangements, in the nearest town. These clinics are proving very successful.

NEW BRUNSWICK

Dental health education was again stressed by a series of lectures, and talks on this important subject.

As usual, lectures were given to nurses in training. It was felt by having the nurses properly informed on oral health, they in turn could pass this information along to their patients, and in their talks.

Students at Teachers College were given good advice regarding dental health and urged to pass this information along to their pupils, and see that they were properly instructed in oral health and the correct method of brushing the teeth.

Fluoridation received a lot of publicity this year and the public were informed of the need of the addition of fluorine to the water supplies to cut down the number of carious teeth in the children. Although considerable interest has been displayed by the public, at the same time results in having them adopt this program have been disappointing.

QUEBEC

In this province there are a considerable number of dentists who are working on a part-time basis on a childrens' program, which is showing good results and proving quite successful.

In over 50 health units children are examined and receive treatment, while in the larger communities school clinics are in operation and performing an excellent service.

Lack of personnel hampers the preventive program, much the same as in other provinces, but in spite of this fact the program is growing and as time passes there is more and more demand for this service.

The people of this province are showing considerable interest in fluoridation but not many of the municipalities are ready to go ahead and adopt this program.

ONTARIO

Ontario has probably the most comprehensive dental health program in Canada. It is divided into several health districts.

A great deal of the activity has been directed the past few years towards dental seminar programs, which are proving so successful that they are increasing the numbers of these conferences every year.

Speakers on dental health have been giving lectures at many places in the province, stressing the need of proper oral health.

Dental coaches are still being used in Northern Ontario to bring dental treatment and education to these areas. The Junior Red Cross is giving excellent support to this endeavour.

Fluoridation again received a great deal of publicity, especially when the results of the Brantford experiment became known.

Dr. E. A. White, Chairman of the Dental Public Health Committee, is doing a splendid job and is receiving good cooperation from his committee members.

During the Canadian Dental Association Convention to be held in Toronto in May, an exhibit on dental health will be shown. A health breakfast will also be held.

MANITOBA

The program of dental services continued to expand during the year. Keen interest by the sponsors in retaining the clinics yearly contributes to the progress that has been obtained.

Cooperation by many associated health departments, principals and teachers interested in the dental welfare of school children, has been a factor in contributing to a degree preventive as well as restorative dentistry.

Two full-time dentists and one on temporary duty have been employed consistently throughout the year. One full-time dentist resigned as of December 1, 1954, to engage in private dental practice. No replacement has been secured in the meantime.

The most distant clinic service this year was successfully carried out at Churchill, Gillam, Thicket Portage and Wabowden. There 204 school children received dental attention and it is felt the effort was worth the expenditure.

Dental treatment for an institution under another department undertaken last year has been continued and patients, over fifty in number, received treatment at the East Kildonan established clinic.

Only two dentists in rural areas have undertaken dental work under this department for outlying schools in their districts. Even this effort was appreciated as it had been impossible to include these schools in our schedule.

Equipment supplies and transportation facilities are adequate for the present operation of clinics maintained. Any further expansion for an indefinite period cannot be anticipated due to scarcity of dentists willing to participate in school children's dentistry.

The unabated sale and overwhelming consumption of sugar confections is continuing—the destruction and wanton loss of temporary and permanent teeth among our younger generation is staggering, leaving no doubt as to the cause.

Educational policies and teachings by those capable, but handicapped in their contribution to good dental health is lost sight of by the odds that are against them. The array of manufactured confections, so tastefully displayed on the counters, and so extensively advertised, requires a more drastic endeavour than we are supporting today.

Established clinics at East Kildonan, West Kildonan, and Portage La Prairie completed a total of 72½ clinic days and treated 1,018 patients.

Clinics at Selkirk, Portage la Prairie and Brandon Mental institutes were visited several times during the year by the director. The dental requirements at Portage la Prairie and Selkirk, if not immediately—will in the near future require the services of more than the one dentist who is now maintaining services at these institutions.

A summary of the progress made in 1954 as compared to the three previous years follows—

	1951	1952	1953	1954
Operating days	293	367	453½	451
Clinicians Employed	6	7	8	8
Clinics	44	48	46	42
Patients Examined—Survey	1700	250	—	150
Patients Examined—Clinics	5082	6826	6775	5950
Patients Treated	3549	4724	2757	4329
Patients Passed O.K.	1533	2102	2018	1621
Extractions (deciduous)	2688	3639	3530	3249
Extractions (permanent)	775	769	960	736
Fillings all inclusive	7085	9466	11099	12227
Prophylaxis and Treatment	167	124	217	252

The Dental Clinics operated during the year rendered services to 104 schools in rural Manitoba and are as follows:—Pilot Mound, Erickson, Bissett, St. Anne, Richer, Winnipegosis, Binscarth, Inglis, Foxwarren, Holland, Sidney, St. Pierre, St. Malo, Otterburne, Belmont, Strathclair, Gypsumville Steeprock, Spearhill, Camper, Cranberry Portage, Crawford Park, Arrow River, East Kildonan, Churchill, Gillam, Thicket Portage, Wabowden, Happy Lake, Grand Marais, Riverton, Arborg, Vassar, Piney, Rathwell, Brookdale, Benito, Erickson, Elie, Harlington, Shilo, West Kildonan.

SASKATCHEWAN

Fluoridation, which I have put all I have into, is a live issue in all urban areas. Despite intense opposition similar to that occurring elsewhere, at a rough estimate well over 50% of Saskatchewan urban residents are now enjoying, if that is the word, the benefits of fluoridated water.

The cities of Saskatoon, Moose Jaw, Swift Current and Weyburn, plus the town of Assiniboia, are already fluoridating and a number of other towns are actively interested. We are not through with Regina yet and several other smaller cities are stalling, either because of impending changes of water sources or dog-in-the-manger Health Officers.

As our population is still to a large extent rural, I have been training Dental Hygienists under National Health Grants to do topical fluoride applications, dental health education and examinations in schools in rural areas.

Our efforts to intensify the campaign for better dental health education, with all that it may imply in prevention, are at least beginning to pay off in our own department. The Division of Health Education this year has admitted neglecting the dental field and has delegated part of their staff to make a special effort in organizing group activity in that direction. I will be consultant and special speaker on behalf of and in support of their efforts.

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As evidence of gathering momentum I am receiving increasing requests from dentists for educational materials, films, pamphlets and so forth.

I have been honored for a second term as President of the Saskatchewan Branch of the Canadian Public Health Association. In addition, I have been working with a small committee of the Dental Association on a post payment plan of payment for dental services. We hope eventually to come up with a workable plan for, as you know, I hope, this province has not been backward in experimentation, much of which has been successful.

Our Public Assistance program of dental care, involving some 30,000 beneficiaries has now an accumulation of over 5 years of records which any dental statistician should find interesting. At this time I can only state that dental conditions and appreciation are at a very low ebb in his group, dentures and extractions seem still to be the major service of dentistry for large numbers of people, which is also borne out by the Canadian Sickness Survey Comp. #2 for a large section of the general population.

ALBERTA

The Public Relations Committee and the Public Health Committee of the Alberta Dental Association have joined forces in sponsoring the Alberta Dental Health Week. The dates this year are April 25-30th. The purpose of this is two-fold:

1. To make the general public more conscious of Dental Health.
2. To improve public relations with government, newspapers, etc.

The province has been divided into five areas, each area having four committees:

1. Schools.
2. Newspapers, Radio, Television.
3. Commerce (dairies, drug stores, department stores).
4. Adult Education. (Service Clubs, Home and School Associations, etc.)

Schools:

It is intended to have one poster for each school room in the province, and one pamphlet for each child. Talks are to be given by dental hygienists, school and municipal nurses and dentists.

Newspapers, Radio and Television:

Paid advertisements will be inserted in the daily papers. Talks and interviews are arranged for broadcast on radio and television.

Commerce:

Many commercial establishments have been approached and expressed their willingness to cooperate by displaying signs and posters.

Adult Education:

Having informed the Service Clubs and Home and School associations of our program, several invitations have been received for a speaker on Dental Health during this week. In addition, each Dental Society is holding a special meeting dealing with Dental Health matters during this week.

Large quantities of materials, pamphlets, posters, films, prepared speeches, etc., have been obtained from various sources, including the Canadian Dental Association, British Columbia Dental Association and the American Dental Association. The services of a public relations firm have been secured to assist us in setting up our program. The budget allotted by the Alberta Board for this one week's Program is \$2,500.00—an increase of \$1,200.00 over last year.

In addition to the above, the grant to the Dental Public Health Committee is \$500.00. This money is to be used in the purchase of films and the mimeographing of prepared talks on Dental Health and Dental Health Education. One film, "Gateway to Health", has already been purchased and is in great demand .

A series of very fine articles on Dental Health, written by Dr. L. G. Robinson of Victoria, have been obtained. These have been mimeographed and are being sent out periodically to the publishers of all newspapers, weeklies, and dailies. In addition, we have had requests from the Home & School Association and the Alberta Teachers Magazine for copies of this material.

The Alberta Research Council had made public its report and strongly urges the fluoridation of water supplies as a means of reducing tooth decay. As yet, there is no indication as to the action the Provincial Government will take on this recommendation.

BRITISH COLUMBIA

Further dental health educational aids have been received during the past year in cooperation with the Division of Health Education. Two new pamphlets have been purchased and distributed and a most excellent poster reprinted with permission of New Zealand.

During the past five years community dental clinics in which private dental practitioners have cooperated have continued to expand in number. These clinics by providing continuing dental care in successive years, have demonstrated how the average cost of treatment per child in such programs can be successfully reduced.

During the past school year preventive dental services operated in 53 of the 80 school districts of this province. The previous year such services were provided in only 37 school districts.

The full time preventive dental services during the past school year examined 3,933 pre-school children, of which 34.2% were not in need of dental

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treatment at the time of examination. Of the pre-school children examined, 1631 received complete treatment from these services. These children accounted for 77.6% of those who requested such treatment. No less than 2751 parents of pre-school children were personally interviewed. Of the children receiving treatment 87.3% had never before received dental treatment. There were 21.8 tooth surfaces restored for every tooth extracted.

It may be stated that during the past three years within the Health Units wherein full time preventive dental services have been provided, there is clear evidence of increasing pre-school dental care being attained through the family dentists and perhaps some indication of a slight reduction in the incidence of dental caries.

A full day's Dental Health Conference will be held on May 5, the day prior to the annual meeting of the British Columbia Association annual conference. This conference will be primarily for the dentists who are cooperating, either on a full-time or a part-time basis within the community preventive dental clinics, and also representatives from the lay organizations sponsoring those clinics.

The age for dependent children receiving free dental treatments operated by British Columbia Dental Association has been raised this year to include children eleven years of age.

COMMENT AND RESOLUTION

1. Informative.
2. We commend the Committee for bringing all new developments into the fluoridation literature.
3. Informative.
4. & 5. Congratulations to all provinces participating in NATIONAL HEALTH WEEK. Those provinces who were not active in this project are urged to initiate a program for 1956. Alberta's program is commended and can be considered as a good pilot model.
6. Informative.
7. The Health League of Canada has been most cooperative in their support of fluoridation. It is recommended that a letter of thanks be sent to this organization in recognition of their practical efforts.
8. The Committee is commended on obtaining a Coast to Coast Broadcast program on fluoridation. This was good publicity.
9. It is gratifying to observe that one of Canada's large Insurance Companies are sufficiently interested in Dental Health to have a booklet published.
10. The cooperation of the American Dental Association, offered on every

occasion, is much appreciated. This fine international relationship between our associated dental organizations is valuable.

11. Informative.
12. Informative.
13. We approve of the preparation of a booklet of this type, to be available to the profession upon completion.
14. We are pleased to observe that all provinces are making progress in Dental Public Health. This is evidenced by the expanding program as outlined in Appendix A.
15. The budget of \$500.00 is recommended subject to the approval of the Finance Committee.

Appendix A

Ontario—We consider the seminar programs as conducted by the Ontario Dental Association Dental Public Health Committee to be a very valuable contribution to dental treatment for children. The apparent interest and enthusiasm of participating dentists is evident.

16. We wish to commend the Dental Public Health Committee for the fine report of accomplished activities.

We recommend the adoption of the Report of the Dental Public Health Committee.

APPROVED

RESOLUTION

Arising out of the general discussion of the Report of the Dental Public Health Committee the following resolution was presented:

Whereas it is recognized that the dental profession has a very real responsibility to enunciate those procedures which assist in the prevention of dental diseases, and

Whereas it is important that the profession adopt methods for presentation of this information which are in conformity with ethical and professional consideration, and

Whereas the procedure of the fluoridation of communal water supplies requires the presentation of factual information to authorities, who are responsible for the implementation of this measure, therefore be it

Resolved that in the presentation of information respecting fluoridation or any other preventive measure such presentation should be made on an informative or educational level only.

APPROVED

MEMBERS OF COMMITTEE ON ETHICS: J. D. McLean, Chairman, Halifax, N.S.; J. P. McGuigan, Halifax, N.S.; S. K. Wetmore, Saint John, N.B.; H. S. Crosby, Halifax, N.S.; H. N. B. Beach, Ottawa, Ont.

REPORT

Your Committee on Ethics can report only that they have continued to be on the alert for any matters pertaining to their defined duties. Some enquiries were addressed to the Committee, but since the subjects concerned policy previously defined by the Board, they were answered without further reference to this body.

We do not anticipate any expenditures in the coming year and therefore no budget is presented.

COMMENT

The Committee on Ethics is to be commended for continuing to be on the alert in regard to matters pertaining to their defined duties.

We recommend the adoption of the Report of the Committee on Ethics.

APPROVED

MEMBERS OF HEALTH INSURANCE STUDIES COMMITTEE: H. W. Reid, Chairman, Toronto, Ont.; C. A. E. McCabe, Montreal, P.Q.; T. R. Marshall, Toronto, Ont.; L. V. Janes, Hamilton, Ont.; W. R. Scott, Vancouver, B.C.; J. F. Brown, Winnipeg, Man.; R. Langlois, Quebec, P.Q.

REPORT

1. Your Committee begs to report that one meeting was held at C.D.A. Headquarters March 28-29 and that four meetings were held of the sub-committee studying the results of the Economic Survey.

2. Meeting of March 28-29

(1) The Report of the Economic Survey as presented by the sub-committee was studied thoroughly. (The Report of the Economic Survey has been published in the C.D.A. Journal—Dec. '54 to May '55).

MOTION:

That this Committee after careful study of the Survey of Dental Practice in Canada 1954 recommend its approval.

(2) The Report of the Wyatt Company, a firm of actuaries, on the Economic Survey was studied. It is presented as Appendix G.

(3) The following motions were passed:

“That a copy of the C.D.A. Economic Survey be forwarded to local dental societies across Canada with a request that an evening be set aside for its study and their comments forwarded to the Secretary”.

“That in view of the valuable information obtained from the 1954 Survey of Dental Practice be it resolved that such Surveys be taken at regular intervals”.

(4) Alberta Pensioners' Treatment Services

This report was presented for the information of the Committee and was studied in detail. Appendix C.

(5) Dr. Grainger had made a study of the Canadian Sickness Survey (compilations 1, 2, 3, & 4) and his interesting and valuable observations are contained in Appendix F.

Dr. Grainger is kindly undertaking a study of the relationship between dental health education and treatment demand.

(6) Group Health Dental Insurance Plan of New York

This plan has created a great deal of interest and editorial comment across Canada. It is a two year pilot study and from the experience should come valuable statistical data. Outline of plan Appendix A.

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(7) A Progress Report of the Dental Budget Plan of Canada as in operation in Winnipeg was presented. Appendix D.

After careful study the following motion was passed:

“That in view of the principles adopted by this Committee re Post-Payment Plans, this Committee would go on record as **not** approving the Dental Budget Plan of Canada”.

(8) The Report of the Health Insurance Studies Committee of British Columbia was presented and studied, Appendix E(a) and after amendment was approved. An interesting sidelight of this report was the comments made on the report by medical authorities in British Columbia and submitted with the report.

These comments might be summarized as follows:

(a) That the real reasons why medical practitioners support the insurance principle are:

- (i) A physician can no longer practice only with a little black bag owing to advances in medicine.
- (ii) The physician is not only now called at the crises of birth, accident and death but is expected to keep the machine running.
- (iii) Under such a service for the population the insurance principle is necessary.

(b) That the payments under the existing plans range from 75% to 90% of the schedule fee.

(c) That the promise of better or easier collections was not the inducement that led the medical profession into sponsorship of prepaid plans.

(d) That if the dental profession “hears” the demand of the people before the politician “hears” them, the dental profession will be permitted to find its own solution.

(e) That leaving the solution to consumer demand will lead to the inevitability of socialized dentistry.

(f) That owing to the fact of dental patients being ambulatory simplifies administration as compared to medical patients.

(g) That socialized medical professional services are prevented more by the established patient-physician relationship than by anything else.

(9) The Reports of the Alberta Committee were studied and referred to the C.D.A. Research Committee for study.

(10) The report of the Ontario Committee was studied carefully; it consisted chiefly of a proposed plan for a pilot study in Sudbury. Appendix E(b).

The following motion was passed:

“That the Pilot Study Plan for Sudbury be approved and recommended for implementation”.

11. Considerable discussion took place re the relationship of Hospital and Medical Services Plans to Dental Practice. A committee was formed to study the feasibility of insuring dental conditions under such plans and will report at the next meeting.

12. It was brought to the attention of the Committee that in the United States there are several plans for dental services in operation through agreements between organized dentistry and labour unions. Already there have been enquiries from labour unions in Canada. Such programs could have serious effects on the type of service received by the public and on the future practice of dentistry. All available data concerning these plans has been gathered by the Committee and is being studied carefully. With the exception of two or three, these plans are new and just nicely in operation. Their progress and experience will be watched closely. The Committee is very aware that most unions are international and that demands made in the U.S. are soon followed by similar demands in Canada.

The Chairman wishes to pay tribute to the loyal efforts of the members of the Committee, the Secretary and to Dr. Brown and Dr. Grainger who have contributed greatly to the work of the Committee.

Appendix A

GROUP HEALTH DENTAL INSURANCE PLAN (NEW YORK)

Group Health Dental Insurance is a non-profit corporation, established under the laws of New York State and endorsed by the District Dental Society. The object of the program is to determine whether voluntary dental prepayment insurance is feasible. The experiment is limited to a period of two years with a maximum of 25,000 subscribers. Each dentist is free to join or not and he may accept or reject subscriber patients at will. As of June 1954, 2,300 dentists out of 12,000 in metropolitan New York had joined. It is clearly understood that the fee schedule bears no relationship to average fees and represents a contribution by the participating dentist to this pilot study. Actuarial study and experience will determine any fee schedule for any formal program that may emerge from this experiment.

Administration

- (a) Through a management contract with Group Health Insurance Inc.—a non-profit medical insurance plan in the Metropolitan New York area, this G.H.D.I. plan is administered (except in matters of policy) by the above corporation on a service at cost basis. If G.H.D.I. had to provide

HEALTH INSURANCE STUDIES

its own clerical staff and equipment and experience the costs would be very much greater.

- (b) The Board of Directors consists of 24 members (12 dentists and 12 laymen). The dentist members are leading practitioners, representatives of organized dentistry. The lay members represent management, labour and other segments of society.
- (c) There is a Dental Advisory Council of 25 eminent dentists who supervise matters pertaining to Dental Practice, Dental Service and Dental Ethics. The Council passes on the qualifications of Participating Dental Specialists.

Objects of the Plan

To place adequate dental care on a "budget basis" and to bring accumulated past dental neglect within **bearable limits**.

Operation of Plan

- (1) Subscribers receive an initial examination including complete x-rays in the office of the participating dentist of their choice as their first benefit at time of enrolment.
- (2) Correction of conditions which exist at time of enrolment is the responsibility of the subscriber **up to the first \$150.00 worth of services**.

G.H.D.I. benefits apply on all services covered by the policy received in excess of that amount.

(If family income is \$5,000. or less, the participating dentist agrees to limit his charges to the fee schedule).

(If family income is over \$5,000. the dentist charges less customary fees and the patient pays the amount in excess of G.H.D.I. benefits.)

(3) Maintenance Care

(After correction of conditions revealed in initial examination)

- (i) If family income is \$5,000. or less all dental services needed are covered by G.H.D.I. benefits.
- (ii) If family income is over \$5,000, subscribers receive same G.H.D.I. benefits but the dentist charges his customary fees and the patient pays the difference.

Note: The patient has the choice of two plans.

Plan A. (100% Benefit)

Plan B. (50% Benefit)

Monthly Premium Costs

	100% Benefit	50% Benefit
Individual	1.65	1.00
Husband and wife	3.30	2.00
Family Plan (Husband, wife and)		
(all unmarried)	6.00	3.60
(children under)		
(18)		

Who May Enroll

Members and immediate dependents of employed groups of 40 or more of whom at least 75% must enroll.

Service

Service is performed in the private office of the participating dentist. Every licensed dentist in the New York area is eligible to participate and pays no registration or membership fee to G.H.D.I. The patient chooses his dentist from a directory of participating dentists supplied to him. Limited use of specialist service is included.

Partial Schedule of Fees**"1. INITIAL SERVICES**

Examination, including full series x-rays—at least 14 standard and at least 5 bite-wings, a chart of all the dental defects found, and prophylaxis (cleaning and polishing teeth) \$ 8.00

2. FOR SERVICES OF GENERAL DENTIST:**Periodic Examinations:**

Prophylaxis (cleaning and polishing teeth) and examination 3.00
 Prophylaxis (cleaning and polishing teeth) and examination, with at least 4 bite-wing x-rays 5.00

Fillings:**Silver amalgam:**

One surface 3.00
 Two surfaces 6.00
 Three surfaces 7.00
 Synthetic porcelain 4.00

Dentures: Plastic

Full upper or lower 75.00

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Partial upper with cast palatal bar and necessary clasps and lug rests	90.00
Partial upper with necessary clasps and lug rests	80.00
Partial lower with cast lingual bar and necessary clasps and lug rests	90.00
Fixed Bridgework with cast abutments	
One porcelain pontic	80.00
Two adjoining porcelain pontics	100.00
Porcelain Jacket Crowns	40.00
With core or cast base	50.00
Orthodontic Space Retainers:	
Appliance and insertion	10.00
Root Canal Therapy:	
(Upper and lower six anteriors only)	
Exterpation of pulp and filling canal	20.00
Oral Surgery, operation and after-care	
Removal of teeth	
Single tooth	3.00
Each additional tooth, same operation	2.50
Fractures (alveolar process excepted)	
Simple:	
Maxilla or mandible, reduction, fixation, post-operative care	65.00
Compound and/or comminuted:	
Maxilla or mandible, reduction, fixation, post-operative care	100.00

3. FOR SERVICES OF DENTISTS FOUND BY THE
DENTAL ADVISORY COUNCIL TO BE QUALIFIED
AS SPECIALISTS IN THE PARTICULAR FIELD

Oral Surgery, operation and after-care:	
Removal of teeth	
Impacted, excepting upper third molars	35.00
Impacted, upper third molars	20.00
Malposed	15.00
Having markedly enlarged roots requiring bone removal	15.00
All other extractions	4.00
Each additional at same operation	3.00

Fractures (alveolar process excepted)

Simple:

Maxilla or mandible, reduction, fixation, post operative care	65.00
Compound and/or comminuted:	

Maxilla or mandible, reduction, fixation, post-operative care	100.00
Removal of cysts, including necessary tooth removals	25.00
Other operations, either maxilla	15.00

***ORTHODONTIA:**

(straightening irregularly placed teeth)

Diagnosis and appliances	60.00
--------------------------------	-------

Active treatment, 20 months maximum	(per mo.) 15.00
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Passive treatment, 18 months maximum	(per 6 mos.) 15.00
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The complete list of GHDI services, including limitations, is contained in the "Schedule of Fees" in your Certificate.

*GHDI authorization is applicable to this procedure.

Experience

As this is a pilot study for a limited period, no figures or data of experience are available and will not likely be until expiration of the two years and sufficient time thereafter to make a complete analysis of the plan in operation.

Appendix C

PENSIONERS' TREATMENT SERVICE

ALBERTA DENTAL ASSOCIATION

To All Members of the Association:

Dear Doctor:

Since we adopted the new fee schedule for the pensioner's service last October 1, we have been operating at a loss of about \$3,500 per month, depleting the reserves which we had established for contingencies. Actually, if all outstanding authorizations had to be paid for we would be some \$5,000 in the red at the present time.

After a number of meetings and arguments with Dr. Cross, Minister of Health, under whom the pensioners' service operates, he finally agreed to give us \$25,000 a year more. This works out at about 33 $\frac{1}{3}$ c per entitlement per month in place of the 26 $\frac{1}{4}$ c previously in effect.

This increased grant, however, will not, of itself, put our finances on an adequate footing. Under the new agreement the pensioner now pays half the

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fee for all dentures, full, removable and fixed. On top of this we will have to modify the fee schedule somewhat, which I think you will all agree will not impose too great a burden on any man. A copy of the new schedule is enclosed herewith.

Previously there has been a considerable problem imposed by the patient not tendering their entitlement cards until the work has been completed. The Department is now issuing a new card which will state that unless the card is presented before any dental service is begun, the holder will be considered a private patient and liable for the whole fee. This difficulty should be eased by this ruling of the Minister.

Please read the regulations on the fee schedule carefully. Also, please file this schedule where it will be available for reference.

Yours very truly,

(signed) R. A. ROONEY
Secretary.

ALBERTA DENTAL ASSOCIATION

Administering dental treatment under Bureau of Public Welfare Act, 1947, for Department of Health, Provincial Government.

PROCEDURE

1. Pensioner must present certification card from Alberta Department of Health for self and dependent(s). The new card being issued states that unless the patient presents the card before any dental service is rendered, they will be considered as private patients and liable for the whole account.

2. Full treatment except orthodontia and posterior bridges will be given to:

1. Blind pensioners and their dependents.
2. Widows' Allowance pensioners and their dependents.
3. Old age pensioners and their dependents.
4. Widows' pensioners.

For all dentures, full, partial and fixed bridges, the patient will be required to pay half the prescribed fee.

3. For visit 1. Give no treatment except emergency.

For visit 2. Make examination and mark findings on official chart. Any comments or suggestions should be made in separate covering letter and both mailed to Alberta Dental Association, 521 Tegler Bldg., Edmonton, for authorization.

4. On receipt of authorized chart, proceed with treatment just as indicated.

5. If changes or further treatment seem advisable, further authorization must be obtained.

6. When treatment is completed, fill in fees in proper place on back of chart, sign and return to above address. Be sure to have patient or guardian sign as indicated.

7. Payment will be made about the 10th of the month following the month in which the chart was received for payment.

SCHEDULE OF FEES

DIAGNOSTIC RADIOGRAMS

Examination fee (at discretion of our office)	\$ 2.00
(1) Single intra-oral film (bite wing on apical)	2.00
(2) Each additional film	1.00
(3) Complete series, upper or lower (7 films)	6.00
(4) Full mouth series (14 films)	10.00

DENTAL HYGIENE AND HEALTH TREATMENTS

To include prophylaxis, fluorine applications, Vincents' Angina, etc. (2 treatments allowed) 3.00

Periodontal treatments (by agreement following submission of explanatory letter and x-rays).

SURGERY

(1) Extration under local anaesthesia	
First tooth	\$ 3.00
Second tooth	2.00
Each additional tooth	1.00
(2) General Anaesthesia	5.00
(3) Extraction each tooth	1.00
(4) Impactions, fractures (by agreement following submission of explanatory letter and x-rays).	

RESTORATION

(1) Amalgam (1 surface)	3.00
Amalgam (2 surfaces)	4.00
Amalgam (3 surfaces)	6.00

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(MAXIMUM OF \$8.00 ON ANY ONE TOOTH)

(2) Silicate	4.00
(3) Acrylic	6.00

(MAXIMUM OF \$8.00 ON ANY ONE TOOTH)

(4) Gold Inlay (1 surface)	10.00
(5) Gold Inlay (2 surfaces)	12.00
(6) Gold Inlay (3 surfaces)	18.00
(7) Gold foil	12.00
(8) Gold crown, cast occlusal	20.00
(9) Gold crown, cast	25.00

FIXED BRIDGES: Abutments (as in above fees)

(1) Pontic	15.00
(2) Replace porcelain facing	5.00
(3) Recementing bridge	3.00

REMOVABLE PARTIAL DENTURES

(1) Base and teeth	40.00
(2) Clasps and rests, each	6.00
(3) Bar (stainless steel only will be authorized)	6.00

The Association will pay half of all denture fees only, patient to pay other half. Partial dentures will not be authorized unless a study model of the mouth is sent in with the chart for authorization.

COMPLETE DENTURES

(1) Upper or lower	55.00
(2) Complete upper and lower	\$ 110.00

Of the above fees, the Association pays \$30.00 for a single denture, \$60.00 for complete upper and lower and the patient is responsible for the remainder.

(3) Reline	200.0
(4) Repair dentures	5.00
(5) Each tooth replaced or added	1.00

Devitalizing and treatment (by agreement following submission of explanatory letter and x-rays)

EXPLANATORY COMMENTS AND SPECIFICATIONS
FOR DENTAL OPERATIONS

Dental Surgeons before making the authorized examinations, will when necessary, remove such calculus or debris as is necessary to permit the making of an accurate diagnosis and report. No additional fee may be claimed for this service.

A prophylaxis will be interpreted as the removal of calculus plus the polishing of the teeth and is authorized only when no morbid changes requiring periodontal treatment are anticipated. It may not be construed as an additional fee to that authorized for the other periodontal treatments.

A maximum of two treatments for Vincents' will be allowed and should the infection persist, a report of the result obtained and a recommendation for further treatments to be submitted to the administrative office.

Radiogram may be authorized by the administrative office after explanation of necessity. Films which are distorted, or which fail to show sufficient area to be of value as an aid to diagnosis, or which are not mounted and clearly marked with the name and number of the patient, and the numbers of the respective teeth, will not be accepted or paid for.

General anaesthetics will only be authorized in exceptional cases.

Extractions will ordinarily be made under local anaesthesia. Extractions without an anaesthetic should not be undertaken unless the patient requests that no anaesthetic be given. The maximum fee for extractions in any case will not exceed \$25.00 including anaesthesia, local or general.

Minor oral surgery, including impactions and fractures. Detailed report and radiograms are required.

Cavities to be filled with amalgam will have, when indicated, a protective base against thermal shock. All fillings must be properly contoured and have a correct contact point, and must have grooves and cusps carved to occlusion.

Teeth to be restored with silicate or acrylic will have the pulpal wall protected with radiopaque material impervious to the filling ingredients.

Appendix D

DENTAL BUDGET PLAN OF CANADA

Telephone 93-1007

267 Edmonton Street, Winnipeg 1.

15 March, 1955.

PROGRESS REPORT:

Since the Plan's inception, volume commenced in October, 1954. To date, 92 Winnipeg Dentists have participated in the Plan, while applications have been received from Regina, Saskatoon, and Kenora, Ontario.

During the last few weeks, applications have been received at approximately 30 per week, and the average agreement is \$147.00.

The total value of agreements outstanding is approximately \$45,000.

The Plan appears to have been favourably received by those Doctors who have participated, while the reaction of the patients appears most favourable at having the opportunity of budgeting their Dental account with their Dentist.

Where the Dental Budget Plan has been established a Dental Committee has been set up whereby this Committee has a direct share in supervising the operations of the Plan. Where there is no office, the services of a part-time Secretary are used—usually an ex-Dental Nurse or Assistant. She is on call to be of any service to the Dentist who wishes to use the Plan.

Collections appear satisfactory, and out of approximately 475 accounts, there are no more than 12 past-dues prior to February, 28th.

DENTAL BUDGET PLAN OF CANADA

Telephone 93-1007

267 Edmonton Street, Winnipeg 1.

25 March, 1955.

Dr. J. Fred Brown,
406 Medical Arts Bldg.,
Winnipeg, Manitoba.

Dear Doctor Brown:

Herewith brief progress report of the Dental Budget Plan since its inception. The Plan was presented to members of the Winnipeg Dental Profession during the months of July and August, 1954.

Comparison of Volume	No. of Agreements	Doctors Using Plan to Date	Amount
1954:			
August	18	\$ 2,749	13
September	44	5,917	32
October	67	9,206	48
November	75	10,138	60
December	48	5,383	69
1955:			
January	71	8,890	72
February	76	11,191	85
March 1-24th	88	12,135	101

Applications are currently being received at the rate of 30 a week. Patients' accounts receivable as of February 28, 1955 numbered 383 at \$40,340, while number of accounts past due at the same period were:

Between 30-60 days	19
Over 60 days	4

The bank and other credit grantors considered this very good.

The Dental Budget Plan now has collection and service representatives in Kenora, Brandon and Regina, with head office for the West in Winnipeg. Arrangements are being made to establish the Plan in Saskatoon, Edmonton and Calgary. Experience to date indicates that it is too costly to operate with offices at all of these locations.

Mr. Wm. E. Brunning is expected to be in Toronto in May to commence preliminaries for opening a complete Toronto office and will be available to present first-hand knowledge of the Plan to any members of the profession.

Features and Comments as Expressed by Participants of the Plan

(a) A committee comprising of members of the local Dental Society have control in supervising the operation of the Dental Budget Plan. Frequent meetings are held before any change of policy is made and excellent cooperation is maintained at all times.

(b) The Plan assists the Doctor in presenting terms of payment to his patients by offering these alternatives:

- (1) Full cash settlement of account.
- (2) Substantial down payment with balance paid following completion of treatment.
- (3) Budget account on a Plan designed specifically for this purpose, acceptable to the Doctor and satisfactory to the patient.

(c) Dental assistants and Receptionists have commented that formalities are brief and cordial when completing Budget Plan agreements with Patients and take much less time to administer than those Patients who require the usual monthly statements being mailed.

(d) Patients have appreciated the opportunity of receiving the best of dental treatment and being able to budget their account without financial embarrassment to themselves.

Yours very truly,

(Signed) IAN C. STEEVENS

Ian C. Steevens,
Manager.

ICS/JAC

Appendix E (a)

REPORT OF HEALTH INSURANCE STUDIES COMMITTEE OF B.C.

The question is continually being asked, "Since there are many prepaid medical schemes which are working satisfactorily, why do we not have prepaid dental schemes?"

HEALTH INSURANCE STUDIES

It has been estimated that almost half the population in British Columbia today are members of some prepaid medical scheme. About 300,000 people of British Columbia are members of a prepaid medical scheme sponsored by the medical profession itself. Another 250,000 or more are taken care of in industrial medical plans. There are thousands more who have private insurance policies of some nature.

It would appear from casual observation that most members of the medical profession consider that prepaid medical schemes are a good thing.

Methods of Payment

In any prepaid dental scheme as in prepaid medical schemes, the method of payment for services is one of the big stumbling blocks. There is, under our free-enterprise, competitive system today, such a great variance in the skill, integrity, training, personality, and professional reputation of members of both professions that it is impossible to set any equitable fee schedule. If the fee schedule is based on the average minimum fee, then all those members of the profession whose fees are above the average would stand to lose. That is a very contentious problem with the medical profession regarding their prepaid schemes today.

Previous to the introduction of prepaid medical schemes it is generally recognized that the medical fee schedule was necessarily high to compensate for the large percentage of charity cases.

Statistics bear out the fact that the average medical practitioner receives a much higher annual income than does the dentist.

Standards

With any plan that would mean a lowering of the income of the individual dentist, regardless of assuring him 100% collections, there is bound to be a lowering of the standards of his work. It will be a sad state of affairs when the majority of our profession are willing to eliminate competition for the sake of the security of socialized dentistry. Certainly there will always be some who work best and are happiest when working on a salary basis, and have an assured income and even a pension plan. There is a definite place in our social structure for these men. Dental needs of the indigent and the needy should receive far greater attention than they do at present. The medical profession are years ahead of us in this respect. The services of the security minded dentist, employed on a salary basis could best be utilized taking care of this all important phase of dental services.

It is not sound judgment to say that all must work under a socialistic or a free enterprise system. There is a definite place for both types of dental services in the world today. Certainly there are many variations in the types of jobs in industry, although the trend there seems to be toward more security for the personnel.

It has been shown quite conclusively in many countries of the world where dental health insurance has been in operation for any length of time, that the standards of work of the profession have been lowered for those participating.

One of the biggest reasons is the system of supervising or scrutinizing the work done. Although there is a rigid check carried on in the National Health Scheme in Great Britain, there has still been a drastic lowering of the standards. By paying everyone the same fee for the same job, good, bad, or indifferent, and by limiting the scope of the work allowed, no amount of checking has prevented a lowering of the standards.

The only incentive for the dentist would seem to be one of doing more jobs and making more money than the next man.

There is no doubt that if a plan had been devised whereby a dentist whose skill, knowledge and reputation was superior that he could also receive a relatively greater remuneration, then the incentive with such a plan would lead to a raising of the standards of the profession.

Backlog

The introduction of a Dental Health Insurance Scheme would be overwhelming with respect to the increase in numbers of patients demanding dental care. Drastic measures would have to be set as to age limits and types of dentistry allowable. The majority of dentists could not take care of many more patients than they do now, even with a considerable increase in ancillary help. Certainly, it would take many years to increase the dental population, even if there was an unlimited amount of money available immediately to enlarge the dental colleges. At present in Vancouver there is a ratio of approximately one medical practitioner per seven hundred people and one dentist per 1,800 people. It has been suggested that one dentists per 700 population of an average would be a more equitable ratio.

Backlog would not be the problem in a medical health insurance scheme as it would in dentistry. Any limitations in medical services, even so-called elective medical services, would be due chiefly to a shortage of hospital beds. This is borne out by the evidence of the surprisingly small increase in the number of patients taken care of in Saskatchewan after the introduction of their health insurance scheme.

Probably because dentistry is looked upon by the layman as more of an elective health service, with the exception of alleviating pain, than medical services, the dental profession actually serves a smaller percentage of the population. This is where our public education has fallen short. Unless the layman is educated to the value of dentistry, and unless he is able, in his opinion, to afford dentistry, he does not seek dental care in the majority of cases. People who are sick, on the other hand, are more likely to seek medical care regardless of their economic status.

HEALTH INSURANCE STUDIES

Insurance Risk

Under a health insurance scheme the risk to be insured must be capable of subjection to a mathematical law of probability. There must be an uncertainty of risk.

In this fact lies a basic difference between the medical and dental insurance risk. In a medical insurance plan the individual can seldom predict that his financial loss will be more or less than the cost of his premiums. By contrast, a dental patient can, through past experience, estimate his annual dental expense as compared to his premium. A patient, too, will seldom be as purposely careless regarding his general health as he will be regarding his dental hygiene. Sickness usually affects his take home pay, even his life.

Since oral hygiene plays such a large role in the cost of his dentistry and so little in his take home pay, he can more easily gamble by careless oral hygiene when covered by a health insurance plan than he would dare gamble on being sick. In either a voluntary or compulsory health insurance scheme, the individual who is careful of his oral hygiene and diet would be penalized by having to pay a higher premium than his actual cost of dentistry to compensate for the careless individual of the plan.

This committee would go on record as saying that any form of health insurance would inevitably lead to a lowering of the standards of dentistry, the consequences of which would, to say the least, be disastrous.

This committee would recommend:

1. A tremendous increase in public education as to preventive dentistry.
2. Fluoridation of communal water supplies to decrease the incidence of caries.
3. Education and encouragement of the dental profession to employ more ancillary personnel.
4. A great increase in educational facilities to train more dentists and dental ancillary personnel and particularly dental hygienists.
5. An increase in dental research for all branches of dentistry.

Respectfully submitted,
William R. Scott, Chairman
Robert J. O'Neil
Edward I. Slakov
Lloyd Chapman
Joseph H. Merrell

Appendix E (b)

PROPOSED PLAN FOR SUDBURY, ONTARIO

This pilot model study was intended to demonstrate the practicability of providing dental care for 3, 4 and five year old children of the City of

Sudbury. Dental care was defined as "education and treatment." It was to be provided by two dentists, one hygienist, two dental nurses, 1 receptionist and under the supervision of the Dept. of Health Dental Officer. According to the outline—the plan was to operate on the basis of one central clinic.

The request was submitted in great detail as to personnel, equipment and space requirements.

A division of education and treatment duties was outlined. The population involved was shown to be approximately 1000 per age group—total 3,000.

From what was known of dental conditions existing at that time (survey information) and with assistance of Dr. Grainger—detailed estimates of treatment requirements—the first year and for ensuing years were presented in terms of total time in hours.

The broad objective of the proposed extension was:

To elaborate the possibilities of—

1. Preventing dental disease through parent-child education.
2. To deal with dental diseases from it's inceptancy and on an incremental basis. (Remedial prevention).

In support of the request it was stated that

1. Far beyond other causes, need for dental care is occasioned by dental caries.
2. There are measures which can be undertaken to control the occurrence of tooth decay and to this end education is important. Tooth decay is otherwise controllable only through restorative dentistry. (Remedial prevention).
3. At present the adult population enjoys priority consideration and care (1950 study) neglect of the younger age groups results in an overwhelming accumulation of dental defects.

Reference was made to a study (1950) twenty-two Sudbury dentists' office hours given over to children age two to fifteen years.

So long as the lower age groups are neglected—the dental profession will continue to fend against an accumulation of dental defects—this situation poses—(a) a health problem, (b) an economic problem.

In other words, regular and frequent care from the earliest preserves teeth—saves money.

4. Other than private office—no dental treatment service is available in Sudbury.
5. A child having received the benefits of education (child-parent) and treatment up to the age of six years as under proposed plan would be a

favourable subject for continuing care to be provided by the private practitioner.

6. Parent health counselling would be an integral part of the proposed study—instruction in home care, diet checks and reference of the child for medical attention as indicated.
7. Beginning age 3 years a full complement primary teeth usually present. Essential that these be kept in normal health and function up to normal shedding time.
8. Early and regularly frequent care serves to reduce premature loss to negligible minimum. 65% of need for orthodontics is occasioned by premature loss of deciduous teeth. Ref. was made to condition 650 six-year-olds in first grade Sudbury primary schools.

Public Health Reports No. 3160, 3230, 3224:

Average d.e.f. 11.10

Loss—169 teeth per 100 children

32.58% fillings needed deciduous were present.

18.28% fillings needed permanent were present

Other references available this present date—Later Sudbury surveys

First and second treatment series (Woonsocket)

First, second, third and fourth treatment series Richmond Ind.

Effective use of Dental assistants.

Method

1. Original thinking—one central clinic (could be modified).
2. Operate under Sudbury Board of Health.
3. Under supervision present Dental Officer.
4. Public Health nursing staffs of Boards of Health & Education to be integrated (coverage follow-up).
5. Continue yearly inspection in order to
 - (a) Contact 5 year olds in school.
 - (b) Encourage continuing care after age 6 in private office.
 - (c) Evaluate results of the program.

Information to be gained from pilot model study.

1. Broadly is the approach to the dental problem ie. through 3-4-5-year olds—feasible—will it work.

2. Economies to be effected over a period.

- (a) in health ie.—more teeth preserved in health and function.
- (b) in Dental Personnel.

Will redirection of effort as in dealing with the incidence of need rather than with a prevalence—bring easement of personnel shortage.

- (c) Can the dollar benefit to the public of the above procedure be portrayed to the public.
- (d) Will the program stimulate the dental profession to continue and the public to seek care in continuity for those who will have been recipients of care under the study.
- (e) What is the index of need for dental personnel—to meet the demand for care as under the plan, ie. the treatment load in terms of dentists man hours.
- (f) To what extent can non-dental personnel contribute, eg. the Public Health Nurse—Voluntary agencies? The hygienist.
- (g) What is the incidence of caries, dental anamolies and irregularities among the specified ages.
- (h) The cost in detail. Reliable data such as a study in this field would reveal are entirely lacking since no such study has ever been undertaken in Canada.

A satisfactory system of recording would be arranged to provide the above information. The local dentists are in favour of the establishment of such a pilot model study. Duration—five years to establish the practicability of the clinical aspect as concerns 3-4-5 year olds. Ten years to assess long term results.

Preventive Dental Service

Personal Services	\$ 32,540.00
Travel	1,500.00
Equipment	7,844.00
Supplies and Materials	2,069.02
Rents, Utilities, Services	1,900.00
Other	4,190.00
Total	\$ 50,083.02

It was thought that a portion of the above—(capital expenditure for equipment and/or rent Utilities) might be made availbale from local contribution if required.

Information to be derived from the suggested plan would be extremely useful to a Committee on Health Insurance.

It must be admitted that the plan is outlined on estimates. What is required to be known is facts.

There may be some objection to a plan of this nature—on the basis that it is an effort in the direction of socialized dentistry.

Be that as it may,—if it is thought, or feared, that government may undertake regulation of the whole of the practice of Dentistry—far better, government effort should be confined to this aspect of it rather than the whole. That is provided the plan should prove successful. If it should prove otherwise—it would be to the satisfaction of any who might be opposed to it.

Apart from this the plan offers a new approach to the problem of providing school dental services.

It is our contention that a pre-school dental service is more to be desired than school services as presently established in many of the larger population centres.

There is a tendency to extend these services to secondary schools—preferably they should be cut back to include pre-school ages.

Appendix F

CANADIAN SICKNESS SURVEY

Report to Health Insurance Studies Committee
Canadian Dental Association
March 28th, 29th, 1955

The importance of the Canadian Sickness Survey findings to the Dental Profession and to dental public health planning is very great. The third and fourth bulletins give the distribution of expenditures per family unit by the size of the family unit, and by the residence district in Canada. One fact overshadows all other information obtainable from these tables. The amount and the distribution of expenditures for dental care in Canada do not match the need for dental care.

We know from various sources that the need for dental care is almost universal and is not confined to 27% of the family units; hence many of the remaining 73% must be neglected. This neglect is not evenly distributed throughout Canada. Chart 6, page 21 in Bulletin 4 shows that only 9% of the Newfoundland family units compared to 30% of the Ontario family units had dental expenditures. Information compiled in connection with a treatment and educational program in Newfoundland sponsored by the National Junior Red Cross, 1953, (Table I) confirms that this low level of treatment is not associated with a lack of need for dental treatment. Among 400 children living in these villages, only 1 had ever had any treatment, since no dentist lived in the region. The average number of decayed, missing and filled tooth

surfaces among 7 and 8 year olds was over 20 and almost 1 in 4 had an open fistula.

The discrepancy between need and distribution of dental care is again illustrated in Bulletin 3 on page 48 in terms of family income. There is definitely an increase in expenditures associated with higher income. But the extreme difference, a matter of under \$20.00, or about a dollar and a half a month, is far from explainable on the basis of ability to pay. It would seem most important to obtain the expenditure figures on a basis of father's occupation to bring out the influence of education on neglect.

It is clear that one can in no way estimate the costs of adequate dental care from this type of data since the observed expenditures are influenced by family size, availability of dentists, and the family income. Looking back again at Table 7, in Bulletin 1 there is no reason to suppose that if the average adult living alone found it necessary to spend \$21.50, the amount of expenditure needed for a family of 5 or 6 can be properly estimated to be \$25.30. The estimated National expenditure from this survey is given to be \$32,900,000 for dental care. This among a population of about 15 million people yields the shockingly low figure of only about \$2.00 per capita per year. Thus the key to the situation seems to be not whether this or that estimate of national expenditure is exactly correct. It is to realize that from all indications there is urgent need to raise the level of dental care. This must be done by making more dentists available in outlying regions, educating the people regardless of their income group to seek early and good quality treatment and to make them aware of the things they can do to keep their own dental troubles to a **minimum.**

TABLE I
DENTAL CARIES AMONG 400
NEWFOUNDLAND SCHOOL CHILDREN*

Age Last Birthday	No. of Children	Deciduous and Permanent Dentition		Percentage of Children With Open Fistulae From Affected Teeth
		Average No. of Decayed, Missing and Filled Tooth Surfaces Per Child	Mean No. of Teeth Prematurely Lost or Needing To Be Extracted	
3	22	6.86	1.59	13
4	19	8.11	1.74	7
5	35	15.71	2.97	50
6	37	14.30	3.08	24
7	26	20.50	5.58	29
8	41	20.03	5.49	27
9	30	20.10	5.84	38
10	45	11.36	3.40	17
11	28	12.10	3.32	15
12	34	11.11	2.83	23
13	21	9.05	2.05	29
14	31	13.22	3.55	16
15	17	22.06	6.30	40
16	14	21.86	5.22	42

*Survey conducted by Red Cross Dentist in Port Saunders, Caster River, Hawk's Bay, Birk Head, Shoal Brook, Woody Point, Somond, Daniel's Harbour, Sprity Cove, Bellbarns, River of Ponds, Sandy Cove, Fiolle Point, Port au Choix, and Bartlett's Harbour. Data compiled by Division of Medical Statistics, Ontario Department of Health.

Some comment is desirable as to the probable magnitude of the total national expenditure for dental care. The difficulty in deriving such a figure is discussed below.

It needs to be made clear that the estimated \$32 million dollars derived from the sickness survey excludes all the dentistry done in schools, hospitals, institutions, and dental offices under local public health plans, for which the householder makes no direct contribution. In Toronto City alone in 1952, the number of these excluded operations among the school children was reported to be 102,338. The cash value of such services rendered in all parts of Canada would no doubt add many millions of dollars to the above figure.

The date to which this estimate applies is also important. The data for the sickness survey were gathered in 1950-51, a time roughly halfway between the two dental economic surveys of 1944 and 1954. The gross income of dentists has been rising along with the other costs in Canada. In the 1944

survey compiled by the Dominion Bureau of Statistics the gross income of individual dentists is reported to have risen from \$6,100 in 1941 to \$8,200 in 1944. Thus the total expenditures for dental care in the present year are no doubt far above an estimate which might be derived from the data gathered in 1950-51.

Non-statistically trained persons are commonly unaware that any estimate derived from a sampling process has a mathematically determinable sampling error attached to it. Thus an estimate such as the above \$32,000,000 is more correctly expressed as a range within which it is likely the true value lies. Using an estimate of variation derived from table 9 in bulletin no. 3, it is possible to restate the 32 million as a range of roughly 25 to 40 million dollars. This range may be even wider depending on the confidence level desired in the estimating process.

Lastly, regarding bias, it is not at all unlikely that the householders failed to report all expenditures for all members of the family unit. There is reason to believe that the supervision of enumerators was more rigorous in certain provinces than in others due to the very great difficulty of reaching isolated regions in the winter. The estimates are based on the 80% of the family units who cooperated for the full 14 months and there is no information regarding the effect of this 20% drift from the originally planned random sample.

Hence one must conclude that at present there is no really accurate estimate of the total national expenditure for dental care. A guess would be that it is at least 50 million dollars and probably more. The estimate of 72 million dollars inferred from the 1954 dental economic survey on the assumption that the characteristics of the respondents and nonrespondents were similar, is probably too high. In the 1944 survey the Dominion Bureau of Statistics, (which was the protocol for the 1954 C.D.A. survey) a resampling of original non-respondents showed that the characteristics of this group differed significantly from the voluntary group. No attempt was made in the 1954 mail questionnaire survey to resample the non-respondents. This omission makes it impossible to assess the reliability of national estimates which might otherwise be derived.

Appendix G

THE WYATT COMPANY

Actuaries and Employee Benefit Consultants

March 17, 1955

Don W. Gullett, D.D.S.,
Secretary,
Canadian Dental Association,
234 St. George Street,
Toronto 5, Ontario.

Dear Dr. Gullett:

As requested by you, we have examined the results of the recent question-

HEALTH INSURANCE STUDIES

naire to the members of your profession and enclose our report thereon together with your file.

We feel that you have obtained all the information possible from the material supplied by the members. It has, in our opinion, been prepared and presented in an excellent manner and should demonstrate to your members the desirability of completing future questionnaires. We have made some comments regarding additional information and which, of course, is particularly directed to the material welfare of the members themselves.

Statistics on the material needs of the members are always useful and certainly can be helpful in the operation of your present insurance scheme. It is also essential if you are to get information as to the rising needs in a country like Canada for these services. This we think is the type of information which can only be adequately compiled by the central organization. The value of it to the Association and its members as a whole should be self-evident.

With kind regards.

Yours very truly,

(sgd) J. S. Forsyth,

J. S. Forsyth,
Manager for Canada.

JSF:gmc
Encl.

REPORT ON "SURVEY OF DENTAL PRACTICE"

Pursuant to your request, we have examined the results of your 1954 "Survey of Dental Practice". Herewith is our report and some comments on the scope of the survey, of other desirable information, its purpose and value.

As the designation "Survey of Dental Practice" would indicate, the current survey was concerned mainly with the factual operation of dentistry. It has produced a 30% response by the members, which may be considered good for a survey conducted through the mails. It is a sample only, but unless the Association has reason to believe that the replies came from a particular group in the profession, it can be assumed that those who replied represent a fair cross-section of the members. In our opinion, the group who replied represent a fair cross-section and, therefore, the data produced is valuable not only as an indication of present practice but also for future comparison.

The questions as set out in the questionnaire were generally such that a reasonably correct answer was possible. Some, however, were of a kind which required an estimate only, unless we are misinformed as to the completeness of time records usually kept by dentists. This has particular reference to some of the costs, the average time a patient is in a chair, and the number of patients. However, the data on this can be checked against subsequent

surveys or other information, and allowance made for possible error.

The data produces convincing evidence of the weight of such factors as population, age, number of chairs, additional help and equipment, on the income of the dentist. We believe that it would have been advisable to secure the cost of additional or supplementary equipment in order to ascertain the relation between increased income and the amount of capital so invested. In the absence of any specific knowledge of the subject, we refrain from any comments on the hours of work and other matters inherent in the practice of dentistry. There is, however, now available to you, interesting and reliable information which cannot but be of interest to all practitioners. This should help in producing an even better response to future questionnaires.

We think that the questionnaire could have been enlarged or another part added to obtain certain vital and personal statistics of your members. You have information showing the age when a dentist reaches the peak of his earning power. It is suggested that such additional information would include:

1. Marital status.
2. Age of member and wife.
3. Children and dependents and their ages.
4. Annual expenditures for
 - (a) life insurance and annuities, and when they mature,
 - (b) personal savings, including payments on real property not used in business.

The general purpose of such information is to determine the incidence of maximum earnings with maximum needs or obligations. This information could be used profitably in connection with your insurance scheme and in the formulation of protection schemes adapted to this particular group.

If not already available, we think that information should be gathered for the purpose of ascertaining the number of practitioners who can be supported by the population. This would be useful not only in forecasting the number of graduates required to be trained but also as indicating those centres where the practice of dentistry could be profitably carried on. Conversely, where the number of practitioners is out of proportion to the population, it can be shown that no additional practice should be established in such locality.

Respectfully submitted,

(sgd) J. S. Forsyth

THE WYATT COMPANY

March 17, 1955.

COMMENT AND RESOLUTIONS

1. Information.

2. (1) Resolved that approval be given to the Survey of Dental Practice in Canada 1954.

(2) We approve the questionnaire as presently established, but realize that certain conditions may vary in the future to effect certain changes in the questionnaire and therefore, for the present, would suggest no changes.

- (3) (a) Whereas it is desirable for local dental societies to be made cognizant of the data contained in the Survey of Dental Practice 1954, and

Whereas a much greater degree of constructive critical appraisal is thereby possible, therefore be it

Resolved that commentaries from local societies respecting this survey be solicited.

- (b) Whereas there exists a real need for the information contained in the Survey of Dental Practice 1954, and

Whereas it is deemed desirable to obtain these data at regular intervals, therefore be it

Resolved that a similar survey be conducted by 1959.

- (4) Whereas the dental treatment needs of (1) Blind pensioners and their dependents, (2) Widows' Allowance pensioners and their dependents, (3) Old-age pensioners and their dependents, and

(4) Widows' pensioners merit earnest consideration and positive action by the dental profession, therefore be it

Resolved that the Canadian Dental Association recommend to the Corporate Members that representations be made to provincial authorities to implement a plan for provision of adequate dental treatment to these groups.

- (5) (i) Whereas there is an urgent need of greater provision for dental care throughout Canada, and

Whereas present personnel is physically incapable of providing adequate dental treatment to all our people, therefore be it

Resolved that the Canadian Dental Association urge the authorities concerned to (a) develop and expand dental research, (b) educate all people in the accepted methods for the prevention of oral and dental diseases, and (c) develop and expand facilities for the training of dentists and ancillary personnel.

- (ii) Whereas great disparities exist in the distribution of dental personnel, and

Whereas these disparities occasion urgent treatment needs in many areas, therefore be it

Resolved that the Council on Dental Education study the feasibility of developing methods of rendering students more aware of the opportunities for service which exist in these presently neglected areas.

We view with favour the study being undertaken of the relationship of dental health education and treatment demand.

6. Informative. We look forward to receipt of information concerning this plan at the termination of the study period.
7. Whereas the Dental Budget Plan of Canada is not in conformity with the principles re post-payment plans as adopted by the Canadian Dental Association, therefore be it

Resolved that the Dental Budget Plan of Canada be **not** approved.

8. We note with pleasure the submission of a report by a provincial committee and would encourage other provinces to provide similar reports. The recommendations in this report have been dealt with in the resolution respecting the Canadian Sickness Survey—(5(i)).
9. We compliment the provincial committee on the comprehensiveness of its report and concur in the action of the Health Insurance Studies committee in referring the portion which deals with Protective Dentistry to the Research Committee.
10. (a) Whereas it is common sense, because of the magnitude of the dental problem, to direct primary effort toward the incidence of need rather than the prevalence, and

Whereas an approach which embodies education and remedial prevention is sound, therefore be it

Resolved that approval be granted the Pilot Study Plan for Sudbury.

- (b) Whereas in view of the soundness of an approach which deals with care of incipient dental needs, and

Whereas there is evidence of insufficient attention to the treatment requirements of young children, therefore be it

Resolved that the Dental Public Health Committee and the Public Relations Committee, either independently or in association, renew their efforts to place before the members of the profession, their responsibilities in this matter.

HEALTH INSURANCE STUDIES

11. Information.

12. It is gratifying to view the considered attention being rendered by the Committee to plans for dental services in operation through agreements between organized dentistry and labour unions. The Committee demonstrates an awareness of the possible ramifications of such plans.

The Health Insurance Studies Committee has presented a report of great value and deserves the highest commendation for its efforts.

We recommend the adoption of the Report of the Health Insurance Studies Committee.

APPROVED

MEMBERS OF HOSPITAL DENTAL SERVICES COMMITTEE: D. M. Tanner, Chairman, Toronto, Ont.; A. A. Antoni, Toronto, Ont.; G. A. Buchanan, Winnipeg, Man.; R. E. Diprose, Toronto, Ont.; R. W. Marshall, Toronto, Ont.; G. de Montigny, Montreal, P.Q.; S. A. MacGregor, Toronto, Ont.; F. A. Smith, Vancouver, B.C.

REPORT

Your Committee is pleased to present the following report:

1. Active interest in hospital dental services is well demonstrated by the amount of correspondence brought before the Committee during the past year. This interest arises from two sources.

(a) Hospital medical staffs who are realizing the importance of a dental programme in the treatment of the sick; providing emergency treatment for those in pain and cooperation in the diagnosis and treatment of malignant and benign diseases of the head and neck.

(b) An increasing desire by the members of the dental profession to contribute their skill and knowledge to the welfare of the community.

2. The Committee at the request of the Council on Dental Education prepared an essay "Requirements for the Approval of Dental Internships". It also recommended to council the procedure to be followed in approving intern training programmes.

3. The Committee recommends that all hospital dental services provide diagnostic and emergency treatment for interns and nurses in training. Similar services are provided by the medical profession and the same action on our part is conducive to better professional relations.

4. The Committee noted with satisfaction that the R.C.D.S. of Ontario has made it possible to secure dental interns who are graduates of approved schools by means of an indentureship.

5. The Committee reports that the correlation of medical and dental services under the Canadian Commission on Hospital Accreditation is proceeding slowly, but with fraternalism.

6. The Ontario Government has published "A Guide to Hospital Building in Ontario". This text contains a chapter on dental services prepared in the most part by this Committee. The book is obtainable through the library service of the C.D.A.

7. At last year's meeting of the Board of Governors this Committee was directed to supply further information on the functioning of the Calgary General and Holy Cross Hospital Dental Services. The dentists of Calgary are to be congratulated upon their fine and unselfish contribution. Fifty percent

HOSPITAL DENTAL SERVICES

of the dentists of Calgary are supplying their services to these two hospitals. However, the Committee was amazed that the dentists could render a service without a physical set-up designed specifically for dental treatment.

The Ontario Government recommends two dental operating rooms, a laboratory and staff room in a 500 bed hospital. One soon realizes that situations vary province to province, city to city, and within the cities themselves and in this case the variation is extreme because in Ontario the hospitals have large out-patient departments.

In Calgary, dental treatment of the patient is by request; in Ontario, particularly at the Toronto General Hospital, dental treatment is a "must" for all medical cases.

8. The following hospital dental services were approved by the Committee:

- (a) Hospital for Sick Children, Toronto, Ont.
- (b) New Mount Sinai Hospital, Toronto, Ont.
- (c) St. Michaels Hospital, Toronto, Ont.
- (d) Toronto General Hospital, Toronto, Ont.

Last year the Board gave authority to this Committee to approve hospital dental services. An explanation is in order in that this year only Toronto Hospitals have received approval. The Committee is feeling its way slowly in developing a "yardstick" to assess the hospitals and as the majority of the Committee are well acquainted with the above hospitals, assessment was more readily made.

It is the object of the Committee to encourage hospitals across Canada to seek approval of their dental services.

COMMENT AND RECOMMENDATION

- 1. (a) Noted with interest.
(b) We commend those members of the dental profession who are serving generously in this capacity and we encourage and urge others to do likewise.
- 2. We view with favour the integration of effort of the Hospital Dental Services Committee and the Council on Dental Education in this matter.
- 3. We note the recommendation made and concur with it, and suggest that it be included in the Basic Standards for Dental Services in Approved Hospitals.
- 4. We commend the R.C.D.S. Board of Ontario for their action and we recommend that the Committee consult with this Board and obtain a

HOSPITAL DENTAL SERVICES

more detailed interpretation of this by-law and refer back at the next meeting of the Board of Governors.

5.-7. Noted with interest.

8. We were informed that since the Committee's report was written, the Vancouver General Hospital has been approved and should be added to the list. The Chairman and Committee are to be commended for their work and should continue to seek ways and means to encourage hospitals to request accreditation.

We recommend the adoption of the Report of the Hospital Dental Services

APPROVED

MEMBERS OF HOUSING COMMITTEE: R. P. Lowery, Chairman, Toronto, Ont.; H. W. Reid, Toronto, Ont.; G. V. Fisk, Toronto, Ont.

REPORT

Nothing new to report and everything as good as new at 234 St. George Street, Toronto. We present our Financial Statement and 1956 Budget.

The Auditors' Statement of the Housing Committee for the year ended December 31st, 1954, will be found in the Report of the Finance Chairman. The budget for the year 1956 is attached.

HOUSING COMMITTEE

BUDGET

1956

Receipts

Grants—		
Quebec	\$1,000.00	
Rentals	5,556.00	
		<u>\$6,556.00</u>

Disbursements

Repairs and Maintenance	\$1,000.00	
Reserve fund, payment on loan	1,500.00	
Alterations to Building	250.00	
Furnishings and equipment	300.00	
Taxes	750.00	
Janitor	700.00	
Heat	600.00	
Gas and Water	400.00	
Light	450.00	
Audit	60.00	
General Expenses	100.00	
Insurance	400.00	
		<u>6,510.00</u>
Surplus		<u>\$ 46.00</u>

COMMENT AND RECOMMENDATION

It is recommended that a plan be prepared by the Housing Committee to repay the balance of the loan from the reserve fund of the Association.

In the Housing Committee Report it was stated that everything was as good as new. We would suggest an explanation of what is contemplated by the Housing Committee for repairs and maintenance.

The adoption of the Report of the Housing Committee is recommended.

APPROVED

MEMBERS OF LEGISLATION COMMITTEE: L. E. MacLachlan, Chairman, Ottawa, Ont.;
A. A. Cameron, Ottawa, Ont.; E. S. Macartney, Ottawa, Ont.

REPORT

1. Newfoundland:

No report has been received from the Registrar to date.

2. Prince Edward Island:

No report has been received from the Registrar to date.

3. Nova Scotia:

This province reports no new legislation this year.

4. New Brunswick:

A private bill introduced to licence a technician for the practice of dentistry was defeated.

5. Quebec:

The by-laws were amended as follows:

(a) authorizing the appointment of dental surgeons to act as inspectors for the better observance of the act and by-laws.

(b) relating to the appointment of an assistant registrar to facilitate the proper administration of the affairs of the College respecting its rights and powers.

(c) the purpose of this section is to simplify the procedure so as to facilitate the payment of the annual contribution. It provides that a delay of one year and three months for the payment of his contribution will entail suspension of the dental surgeon in default.

(d) arranging the end of suspension upon payment of arrears of contribution and reinstatement costs.

(e) adding to the list of derogatory acts the refusal by a dentist to allow the inspectors appointed by the Board to visit and inspect the place where he carries on his profession.

(f) empowering the president and the registrar to appoint and authorize in writing representatives to visit and inspect places where dental technicians carry on their art or trade, to ascertain if the Dental Act is properly observed.

6. Ontario:

The Dentistry Act was amended by:

(a) removing from the Act the maximum fee of Twenty-five dollars which

may be collected. The Ontario Board may now set the annual registration fee by by-law.

(b) changing the boundaries of electoral districts county of York and the City of Toronto.

(c) The Ontario by-laws were amended deleting provision for the indenture-ship of students.

7. Manitoba:

This province reports no new legislation this year. An amendment to the Dental Act setting up Prescription as in Ontario and Quebec was re-introduced and again defeated.

A Bill (No. 55) to incorporate the Dental Prosthetists of Manitoba, which provided for technicians to serve the public directly through certificate of oral health signed by a qualified member of the dental or medical profession, was defeated.

8. Saskatchewan:

This province reports no new legislation this year.

9. Alberta:

This province reports no new legislation this year.

10. British Columbia:

This province reports no new legislation this year.

A Bill (No. 121) to permit dental technicians to perform prosthetic services for the public was defeated.

No new legislation of general interest to the Profession has come before the present session of Federal Parliament.

COMMENT

1.-4. Noted.

5. Noted with interest. Quebec is to be congratulated on its progressive legislation.

6. Noted and commended.

7. We express regrets that the amendment was defeated, and hope Manitoba will press this legislation again when time is opportune and commend the efforts of Manitoba in the defeat of the Prosthetic Bill.

8. & 9. Noted.

10. We commend the efforts of British Columbia in the defeat of Bill No. 121. We recommend the adoption of the Report of the Legislation Committee.

APPROVED

LIBRARY TRUSTEES: T. H. Graham, Chairman, Toronto, Ont.; P. G. Anderson, Toronto, Ont.; Don W. Gullett, Toronto, Ont.

REPORT

1. The library now consists of some 1500 volumes, which represents a rapid growth over a short period.
2. The increasing use of the library by members is most gratifying. The dissemination of knowledge is one of the main functions of a scientific association.
3. Several members have been most helpful in supplying older issues of Journals, which has enabled the librarian to complete missing issues of volumes for binding purposes.
4. As will be observed in the Auditors' Statement, voluntary contributions by interested members have continued to give sufficient support for the purchase of new books. All monies so donated are used for purchase of books. The Association bears all administrative expenses of the library.

COMMENT

We consider the effort, results and report very commendable. We appreciate the fact that members are sending old issues of Dental Journals. We trust that the members of the Association will continue their support in this worthwhile institution.

We recommend the adoption of the Report of the Library Trustees.

APPROVED

MEMBERS OF NOMENCLATURE COMMITTEE: W. J. Dunn, Chairman, Toronto, Ont.; G. H. W. Lucas, Toronto, Ont.; F. E. L. Priestly, Toronto, Ont.; R. J. Getty, Toronto, Ont.; G. de Montigny, Montreal, P.Q.; H. A. Hunter, Thornhill, Ont.

REPORT

1. The Committee on Nomenclature has attempted to function this year in accordance with the concluding paragraph of last year's report—to wit, that a watching brief over new developments be maintained and advice be made available upon request. The Committee further attempted to define its functions:

- (1) To clarify certain principles of nomenclature.
- (2) To act as consultants on nomenclature.
- (3) To be responsible for the systematic naming of objects or conditions, but not to frame their definitions. The latter is the responsibility of the dental profession.

2. The Committee reviewed last year's recommendation of the term "Restorative Dentistry" to replace "Operative Dentistry". Operative dentistry has long since ceased to be descriptive of the branch of practice to which it is applied. In the early days, dental practice consisted of **mechanical dentistry** (laboratory) and **operative dentistry** (chair). The term operative dentistry therefore indicated everything from removal of teeth to their restoration. However, times have changed and more recently the concept of restoration of the individual tooth has become largely identified with the term. On this continent there are only two terms commonly in use—Operative and Restorative—and the word Restorative is more descriptive of the nature of the actual treatment performed. It is intended to exclude the field of prosthodontics, as tradition has already established it as an independent clinical entity. (Note: See comment on this point.)

3. The term "Professional Conduct" is suggested to replace the archaic expression "Dental Praxis". At present Dental Praxis is meant to include ethics, jurisprudence and practice management. The word praxis is derived from a Greek word meaning "doing". In the late 16th century it had the meaning of accepted practice or custom. Before the 19th century it meant "a means or instrument of practice in a subject; or a practical specimen or model". The term, following that time, should gracefully have retired into oblivion. Professional conduct seems to embody the salient considerations for this aspect of the dental curriculum.

4. The Committee was requested to give some thought to the correct designation for those unqualified individuals who make their "services" available directly to the public. The term "illegal practitioner" is offered for use in this respect.

COMMENT

1. Noted.

2. Our opinion is that the term "Operative Dentistry" should be retained. We question the statement,—quote, "Operative Dentistry has long since ceased to be descriptive of the brand of practice to which it is applied".

3. & 4. Agreed.

We recommend the adoption of the Report of the Nomenclature Committee with recommendation.

APPROVED

EXECUTIVE OF CANADIAN SOCIETY OF ORAL SURGEONS: J. H. Johnson, President, Toronto, Ont.; D. M. Tanner, Past-President, Toronto, Ont.; W. Scott Hamilton, President-elect, Edmonton, Alta.; E. Roy Bier, Vice-President, Winnipeg, Man.; J. F. Methven, Secretary-Treasurer, Toronto, Ont.; A. Raymond and O. L. Croft, Councillors.

REPORT

1. The Annual Meeting of the Canadian Society of Oral Surgeons was held at St. Andrews-by-the-Sea in conjunction with the meeting of the Canadian Dental Association in September 1954. The Constitution was approved by the Board of Governors of the C.D.A. in 1953 and at the 1954 meeting the by-laws of the Canadian Society of Oral Surgeons were also formally approved. Officers were elected for the ensuing year and the Founders' Role comprising the Executive, the full professors of Oral Surgery in the Canadian Dental Schools, together with the Canadian practitioners who have been specializing in Oral Surgery for the past 25 years, has been completed. Active membership is predicated on the submission of seven case reports acceptable to the membership committee and these case reports are now being received. The annual meeting will coincide with the joint meeting of the Canadian Dental Association and the Ontario Dental Association in May 1955.

2. At an Executive Meeting held on April 12th, 1955, the following recommendations were made: That Section A (classification and Election of Members) of the by-laws be amended so that paragraph 3 shall read:

Associate Members. Associate membership may be granted to applicants in good standing with their Local, Provincial, and Canadian Dental Associations, who have completed a recognized training program in Oral Surgery and have submitted satisfactory case reports, but who are as yet unable to meet the requirements of five years exclusive practice in Oral Surgery. Such ASSOCIATE MEMBERS shall automatically be received as active members on completion of the full five years of specialization. Credit shall be given for the time devoted to formal graduate study in Oral Surgery. It is recommended that the remaining paragraphs in Section A be accordingly renumbered.

3. It is further recommended that Section F, paragraphs 1 and 2, be amended by inserting 'or Associate' after the word 'active', and that the words 'or Associate' be inserted after the word 'active' in paragraph E.

4. The Society wishes to express its appreciation to the Canadian Dental Association for the secretarial services that have been provided.

COMMENT AND RECOMMENDATION

1. We commend the Executive for the work in the compilation of the Founders' Role.

ORAL SURGEONS

2. and 3. We recommend to the Board of Governors that the By-laws concerning Associate Members be adopted.
4. Noted.

We recommend adoption of the Report of the Canadian Society of Oral Surgeons.

EXECUTIVE OF ORTHODONTIC SECTION: John Abra, Chairman, Winnipeg, Man.; L. P. Lepine, Montreal, P.Q.; J. T. Crouch, Toronto, Ontario.

REPORT

There has not been a general meeting of the Orthodontic Section since May of last year. This report will be one of progress from the time Dr. Shultis reported to the Governors at the C.D.A. meeting in September 1954.

1. During the year 6 new members have been added to the Section. In addition to these there have been applications for membership received from 4 orthodontists. This will bring the total to 86% of all orthodontists practising in Canada.

2. The Dental Services Section of the Department of Health and Welfare in Ottawa is preparing a booklet on Preventive Orthodontics to be distributed to the profession in Canada. Our Orthodontic Health Committee under the Chairmanship of Dr. Braithwaite Dixon of Ottawa, have had several meetings with Dr. Brown and his subordinates, and have acted in an advisory capacity helping with the publication.

3. The Grieve Memorial Lecture will be delivered at the 1955 Convention of the C.D.A. by Dr. R. R. McIntyre of Calgary. Dr. McIntyre is Honorary Professor of Orthodontics at the University of Alberta. He was the first Chairman of the Orthodontic Section of the C.D.A. He is a Past President of the Alberta Dental Association and is President-Elect of the Canadian Dental Association.

4. In addition to the Grieve Memorial Lecture, the Section at its last meeting authorized the expenditure from its general funds of an amount up to fifty dollars to help defray the expenses of a clinician on orthodontics for any C.D.A. convention.

FINANCIAL REPORT

Orthodontic Section General Fund

Receipts

Balance Received from Previous Treasurer	\$ 460.14	
Bank Interest	1.53	
C.D.A. Grant for Orthodontic Reprint	250.00	
Annual Dues 1955	190.00	\$ 901.77

Expenses

Bank Exchange	.57	
Orthodontic Reprint	272.23	272.80

ORTHODONTIC SECTION

Balance in Bank March 10/55 \$ 628.97 \$ 628.97

The Grieve Memorial Fund Report

Receipts

Balance Received from Dr. Abra	\$ 228.68	
Bank Interest	.74	
Bond Interest Received from the C.D.A.	177.50	\$ 406.92

Expenses

Honorarium to Dr. L. M. Waugh	50.00	
Hotel Room for Dr. Waugh	27.22	
Travelling Expenses for Dr. Waugh	100.00	
Flowers for Mrs. Grieve	6.00	
Bank Exchange	.28	183.50
Balance on hand		\$ 223.42

COMMENT

We note with satisfaction that this Section is showing progress and commend the efforts of the officers in this regard, and wish for them continued success in the future.

The Financial Statement is noted

We recommend the approval and adoption of the Report of the Orthodontic Section.

APPROVED

MEMBERS OF COMMITTEE ON PUBLICATIONS: F. Martin, Chairman, Toronto, Ont.; A. Fortier, Montreal, P.Q.; A. R. Poag, Hamilton, Ont.; M. G. Boyes, Toronto, Ont.; J. D. Purves, Toronto, Ont.; J. E. Tilson, Toronto, Ont.

REPORT

The Committee on Publications wishes to report to the Board of Governors as follows:

1. The Journal you receive each and every month throughout the year to bring you original technical papers, new techniques, editorial view-point, abstracts, news from the provinces and many other interesting items, not excluding the many instructive and informative advertisements. This does not just happen, but rather represents many hours of hard work on the part of the Essayists, Provincial Editors, Editor of the French Section, the Editor-in-Chief. To all of these men we wish to express the thanks of this Committee for a job well done.

2. (a) Just prior to the last annual meeting at St. Andrews-by-the-Sea, a letter from the press was received stating that due to increased wages and costs generally, we would be faced with an increase in the publishing cost of the Journal.

(b) There was not sufficient time before the Board of Governors Meeting to arrange a meeting between the representatives of the press and this Committee. That meeting was arranged and held last fall.

(c) Mr. Hal Cook, representing the Consolidated Press, stated their position and indicated an increase in the publication cost would be necessary. He went on to suggest that our advertising rates should be increased accordingly in order to help take care of some of the increase in publishing costs. Considerable time and thought was spent on this problem and a percentage of increase was agreed upon both as to advertising and printing. These increases would go into effect as of January 1st, 1955.

(d) The January financial statement showed the largest deficit or loss on any issue yet published. This was due to the increased rates and was not offset by the new increase in advertising, some of the advertising contracts running over into 1955 on the old rates. This accounted for some of the loss and it is expected that the situation will improve when the new rates come into the picture. There has been a slight decrease in the number of pages of advertising, but not alarming compared to other journals.

3. Advertising is being scrutinized as closely as possible under the existing conditions.

4. A Readership Survey was conducted this year to ascertain the popularity of the Journal and its reader interest. The Committee studied the report and

PUBLICATIONS

found it very satisfactory from the standpoint of the Journal of the C.D.A. Primarily, the survey was conducted for the use of the Advertising Manager in securing advertising, who reports the results extremely useful for his purpose.

5. At the request of the Convention Committee, a Convention Supplement was published in the March issue of the Journal. The Committee hopes this has been of interest to our members and will stimulate many to attend the Convention. The Committee on Publications deems it a pleasure to cooperate in this project.

6. The budget, in view of changing costs, etc., was carefully studied by your Committee and for this year no increase in C.D.A. grants is being asked. Financial Statement for 1954 is attached as Appendix A, together with the Budget for 1956 as Appendix B.

Appendix A

January 26, 1955.

Dr. P. G. Anderson, President,
CANADIAN DENTAL ASSOCIATION,
Toronto, Ontario.

Dear Sir:

We have examined the accounts of the COMMITTEE ON PUBLICATIONS OF THE CANADIAN DENTAL ASSOCIATION for the year ended December 31, 1954, and submit herewith the following statements:

Canadian Dental Association
COMMITTEE ON PUBLICATIONS
BALANCE SHEET
December 31, 1954

Assets

Current assets:		
Cash on hand and in bank		\$4,664.01
Capital assets:		
Office furniture and fixtures	\$1,247.02	
Less accumulated allowance for depreciation	573.12	
		<u>673.90</u>
		<u>\$5,337.91</u>

Liabilities

Surplus:	
Surplus, December 31, 1953	\$5,300.73
Surplus for year 1954	37.18
	\$5,337.91

AUDITORS' REPORT

We have examined the accounts of the Committee on Publications of the Canadian Dental Association for the year ended December 31, 1954, and report that, in our opinion, the above balance sheet and related statement of revenue and expenditures present fairly the financial position of the Committee as at December 31, 1954, and its financial transactions for the year ended on that date, according to the best of our information and the explanations given us and as shown by the books.

THORNE, MULHOLLAND, HOWSON & McPHERSON,
Chartered Accountants

Canadian Dental Association
COMMITTEE ON PUBLICATIONS
STATEMENT OF REVENUE AND EXPENDITURE
Year ended December 31, 1954

Revenue

Advertising	\$ 36,148.15
Canadian Dental Association grant	14,500.00
Subscriptions	510.63
Donations	15.15
	\$ 51,173.93

Expenditure

Honoraria to editors	\$ 2,940.00
Expense allowance	2,471.50
Editor's office expenses	1,250.00
Committee meeting expenses	12.25
Publishing The Journal	31,393.57
Commission, Consolidated Press, Limited	6,286.39
Agency commission	4,716.15
Cuts and postage	1,864.21

PUBLICATIONS

Depreciation on office furniture and fixtures	104.15
Office and general expense	98.53
	\$ 51,136.75
Surplus for year	37.18
	\$ 51,173.93

Appendix B

1956
BUDGET

COMMITTEE ON PUBLICATIONS

	1954 Budget	1954 Actual	1955 Budget	1956 Budget
Revenue				
Advertising	\$42,000.00	\$36,148.15	\$40,000.00	\$41,500.00
C.D.A. Grants	14,500.00	14,500.00	14,500.00	14,500.00
Subscriptions	500.00	510.63	450.00	450.00
Donations		15.15		
TOTALS	\$57,000.00	\$51,173.93	\$54,950.00	\$56,450.00
Disbursements				
Salaries	\$ 4,200.00	\$ 2,940.00	\$ 3,650.00	\$ 4,740.00
Expense Allowance	2,455.00	2,471.50	2,800.00	1,870.00
Editor's Office Expenses	500.00	1,250.00		
Committee Expenses	100.00	12.25	150.00	100.00
Publishing	35,000.00	31,393.57	33,250.00	33,600.00
Commission:				
Consolidated Press	7,000.00	6,286.39	7,200.00	8,100.00
Agencies	5,250.00	4,716.15	5,150.00	5,500.00
Cuts and Postage	2,300.00	1,864.21	2,400.00	2,000.00
Office and General				
Expenses	150.00	98.53	250.00	250.00
TOTALS	\$56,955.00	\$51,032.60	\$54,850.00	\$56,160.00
SURPLUS	45.00	141.33	100.00	290.00

COMMENT AND RESOLUTION

1. We concur.
2. (a) (b) (c) & (d). Noted that there are increased costs in publications, over which we have apparently no control, and the following resolution is presented:

Whereas, it appears that the Committee on Publications has explored all avenues in an endeavour to meet increasing costs, and

Whereas, in the foreseeable future there is no evidence of a decrease in this trend, and

Whereas there is a limited field where suitable advertising media are available, and

Whereas, there appears from the data supplied by the Committee on Publications, a decrease in the net financial return from advertising, therefore be it

Resolved, that the members of the Board of Governors should assume the responsibility of imparting this information to the members of the Association and report results to the Business Manager of the Journal.

3. Noted with appreciation.
4. The result of the "Readership Survey" noted with interest.
5. Informative, and note the cooperative effort evidenced toward the Convention Committee.
6. Informative.

We recommend the adoption of the Report of the Committee on Publications.

APPROVED

REPORT OF THE EDITOR—WESLEY J. DUNN

1. Because of the very tangible nature of the product, the results of efforts directed toward the provision of the Journal are apparent for all to judge. A sincere attempt has been made by the Journal staff to develop and maintain a publication in keeping with the attained stature and professional nature of the Association to which it belongs. Achievements have by no means measured up to aspirations. The responsibilities of the Journal are such that complete satisfaction, from an editor's standpoint at least, is impossible. The Journal must constantly strive to improve and with such effort attempt to enhance its value to those who peruse its pages.

PUBLICATIONS

2. The responsibilities of an official organ should not be carried lightly by its editor. Commentaries directed toward home consumption must also be viewed for their possible effects, both professional and otherwise, wherever the Journal is circulated. And herein lies a problem which can be a nemesis to many an editor. On the one hand there is that rather indefinable concept of editorial prerogative which, more or less, confers upon the editor the right and duty of expressing himself as he sees fit. However, on the other there exists an even greater responsibility. The realization that, when the editorial pen is put to paper, there is the possible inference that the words represent official opinion or policy, must be an inhibitory influence upon the statements which are made. The editor has conscientiously attempted to be aware of the possible effects of his comments.

3. There has been little change in the format of the Journal. One new department has been added and will be utilized as material becomes available. The Public Relations Committee has prepared several short articles relating to its field and these are appearing in a department entitled Public Relations. The Hospital Dental Services Committee has indicated its intention of performing a similar service and space will be made available when the copy is in hand.

4. The Survey, conducted in the Fall of last year, provided excellent material for Journal appraisal and many of the suggestions of a constructive nature are being studied for possible future implementation.

5. The editor is grateful to all who have assisted in the production of the Journal. A great need still exists for articles of a clinical or practical nature; and the encouragement of capable clinicians to prepare papers for publication should be a concern for all in attendance at this meeting.

6. We record with regret the retirement from the position of Associate Editor of Dr. L. K. Brooks of Alberta, and Dr. George Mallam, Newfoundland. As successors we are pleased to welcome Dr. C. Spencer Lea and Dr. G. B. Curtis.

COMMENT

1. Noted.
2. We note with pleasure the attitude of the Editor toward his responsibilities, and the satisfactory results evidenced in the performance of his duties.
3. We commend the initiative of the Editor in establishing new departments such as Public Relations and Hospital Dental Services, and preparing for other departments as the need arises.
4. This item was reported on in the Committee on Publications Report.
5. We are keenly appreciative of the efforts of the Editor throughout the year, and recommend that all those who hold executive positions, on a

dominion, provincial or local level, extend a sincere effort toward the development of the projects outlined in this section.

6. Noted.

We recommend the adoption of the Report of the Editor with commendation.

APPROVED

REPORT OF THE FRENCH SECTION—GERARD DE MONTIGNY

1. The Editor of the French Section of the Journal is happy to present his annual report to the Board of Governors.

The most outstanding event during the past year was the fact that the section was granted sixteen pages of text since last October; these two additional pages permit the publication of Editorials and of longer manuscripts without having to follow-up in another issue.

Again this year, the contribution of writers was abundant and the reaction of French-written journals of Europe towards our Journal most favorable.

2. At this point, we would like to stress the importance of a publication such as our Journal in international relations. Our Journal is practically the only link with other European nations in the dental field and the fact that our Journal is bilingual is undoubtedly a great asset in developing cultural and professional exchanges with these foreign countries.

3. Some ways should be developed to secure a larger subscription amongst European dentists for our Journal, as these dentists are very interested by North American dentistry.

4. The services rendered by the Journal to French-speaking Canadian dentistry is also of no small value, although it cannot be concretely estimated. Our publication conveys to the readers scientific information as well as reports on the activities of the local, provincial and national associations.

5. We wonder, however, if the French section could not, as a publication, improve its services to the members.

We think that it could, and during the coming year we intend to study the matter thoroughly in order to elaborate a plan by which we could bring our section closer to the ideals that have presided its foundation.

Amongst the items that should be considered along that line, let us mention the following:

- (1) Formation of a committee to study ways and means of improving the French section of the Journal.

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- (2) Closest cooperation with the Committee on Publications of the C.D.A. and the Editor-in-Chief of the Journal, so that the French section does not remain somewhat isolated, but is associated more intimately to the activities of the Association.

These are just a few suggestions that could be studied by the Committee mentioned in paragraph 5, item 1. There are many others, but as they are mostly concerned with the business of editing and of publishing a journal, they would not fit in a report presented to the Board of Governors.

6. In closing, may I thank the members of the Committee on Publications, the Editor of the English section and the Business Manager for their constant support and their encouraging attitude shown to me during all the year.

COMMENT

1. We note with pleasure the increase of space allotted to this Section since last October, which will permit the Editor to expand his sphere of influence and usefulness.
2. We understand that this reaction of a French-written journal of Europe appears in the form of comments, abstracts and full reproduction of our articles in their journals. According to those who follow French dental literature, our Journal is held in great esteem in European dental circles.
3. That this matter be referred to the Committee on Publications.
4. Noted.
5. (1) We commend the Editor in this progressive step toward increasing the interest and effectiveness of the French Section.
(2) We recommend that the Editor of the French Section attend as early as possible a meeting of the Committee on Publications, to discuss matters pertinent to the problems of the French Editor.
6. We appreciate the sincere, continuous, and conscientious effort displayed by the Editor of the French Section during the past year.

We recommend the adoption of the Report of the Editor of the French Section, with commendation.

APPROVED

MEMBERS OF PUBLIC RELATIONS COMMITTEE: H. R. Skilling, Chairman, Toronto, Ont.; J. G. Chalmers, Toronto, Ont.; J. Kreutzer, Toronto, Ont.; C. H. Moses, Toronto, Ont.; C. A. McLean, Toronto, Ont.; Harry S. Thomson, Aberfoyle, Ont.; J. H. Mullett, Toronto, Ont.; J. E. Tilson, Toronto, Ont.

REPORT

1. (a) The Committee on Public Relations presents herewith a report of activities for 1954-55.

(b) All meetings of the Committee took place at the Canadian Dental Association Headquarters. Sub-committee met at the home of the Chairman.

(c) At the first meeting on October 18th, 1954, an attempt was made to establish a policy and outline a program for the year's activities.

(d) The Committee agreed unanimously that our chief effort should be directed towards impressing upon the dentists of Canada that they, as individual professional men and women, are responsible for determining the attitude of the public toward the profession of dentistry. It is the opinion of the Committee that favourable publicity is desirable. Yet our chief function goes far beyond that.

(e) To this end it was decided to send a general letter on this subject to the Canadian Dental Association mailing list. This letter to be supplemented by a series of articles in the Canadian Dental Association Journal. These articles to be upon specific subjects. Short—not more than one page—easily readable—and to have punch.

(f) A sub-committee, composed of Dr. Charles McLean, Dr. J. A. Kreutzer and your Chairman, spent two full evenings choosing the subjects for these articles and the form they should assume.

(g) Each member of the Committee chose one or more of these subjects and volunteered to write the article. These were then submitted to the whole Committee and an evening was spent discussing them.

(h) The first written by Dr. J. A. Kreutzer appeared in the March issue of the Canadian Dental Association Journal. One more will follow each month until all have been published. We hope this series will stimulate the thinking of the Canadian Dental Association members and may have some good effect upon their attitudes and action.

2. Radio Scripts

(a) Plans are being formulated towards compiling a library of tape recordings on subjects of preventive dental education.

(b) The Committee has been informed by those who should know that

PUBLIC RELATIONS

most of the smaller radio stations throughout the country would welcome material of this sort and use it to good advantage—and without cost for station time.

(c) The cost of preparing a sufficient number of master recordings and enough duplicates to have a reserve is a different problem. We know it will be expensive. As of now we are exploring the fields and it is more than probable that something definite will be undertaken soon.

(d) It is proposed that radio programmes such as these will be sponsored by local dental societies.

3. Press Clippings

(a) For a number of years matters pertaining to dentistry have been receiving more and more notice by the press. This past year, however, has shown a tremendous increase.

(b) While fluoridation is the most popular subject, yet the press of every province has carried articles—editorials—reports of meetings—reports of scientific papers on many other subjects of dental affairs.

(c) The overall clippings have increased approximately 30%. This upsurge of interest in dentistry is wonderful, but there is a serious responsibility in directing the profession to make every effort to see that nothing derogatory is permitted to occur, nothing that could cause unfavourable comments by the press.

(d) In this connection your Committee passed a resolution advising against dentists conducting a debate or argument upon any controversial professional subject before a lay audience. At our March 15th meeting the following resolution was unanimously accepted: "THAT in the opinion of this committee, members of the profession are ill-advised to enter into arguments with other members of the profession in respect to controversial professional subjects before lay audiences." Disagreements among members of the profession should be ironed out in our own meetings and a solid front presented to the public. Confidence in the profession of dentistry by the general public will be enhanced in this way.

(e) Your Committee is aware of this problem and is doing what it can to alleviate it.

4. Information Packets

(a) A list of thirty short articles upon preventive dentistry for newspapers have been obtained from the American Dental Association. Approximately one hundred copies of this series have been sent out for use in the local papers across the country. Provincial Associations have also been supplied. No doubt some of the press clippings we receive emanate from the provincial associations.

(b) Packets containing factual information such as pamphlets, etc., to be used in compiling an address, have not been completed in all subjects desired.

(c) Those used most concern "Fluoridation" and material with respect to "Dentistry As A Career" to be presented to Collegiates and High School students. This latter material is supplemented by a film strip and a motion picture, both of which are excellent.

5. Budget

(a) With a new Chairman leading the Committee this year and due to other circumstances, we have not carried through with projects that required expenditures. This situation will not, in all probability, obtain next year. Therefore, Mr. President and Gentlemen, the Committee requests that \$1,200.00, the amount allocated in last year's budget, be granted again this year. I can assure the Board that the Public Relations Committee will endeavour to use the funds allocated to good advantage.

6. The members of the Committee have been most faithful in attendance at meetings and cooperative in any task requested. The framework of the Committee has been well set up by the previous chairman, Dr. L. M. Grose, who deserves a great deal of credit for his direction of the Committee during his three years.

7. In similar vein, the Committee could not function without the guidance of the General Secretary, Dr. Don Gullett. One could go into superlatives in describing his genius. Suffice to say his support has been invaluable.

8. May I take this opportunity to state that the Canadian Dental Association Headquarters is doing a better job in Public Relations matters than is generally supposed. Much favourable newspaper publicity emanates from Headquarters.

9. Answers to innumerable enquiries are made in such a manner as to place the profession in a favourable light.

COMMENT AND RESOLUTION

1. Informative and we commend the actions of the Committee as contained in (e).

(f) (g) (h) Informative.

2. We commend.

3. Informative and we concur and recommend the resolution contained in (d).

4. We commend the actions of the Committee.

5. We agree, subject to approval of the Finance Committee.

PUBLIC RELATIONS

6., 7., 8. & 9. We commend.

Arising out of the discussion of this report we submit the following resolution:

Whereas it is most desirable to establish closer relationships between the dental profession and groups with kindred interest, and

Whereas such relationships engender greater cooperative efforts among the groups with which our profession deals, and

Whereas such efforts serve only to further the general weal, therefore be it

Resolved that efforts be made to utilize any method which may promote greater rapport and harmony between the dental profession and groups with common interests.

We would like to compliment the Committee on an excellent report and we feel they are doing splendid work in improving our public relations. We recommend the adoption of the Report of the Public Relations Committee.

APPROVED

MEMBERS OF RESEARCH COMMITTEE: Gordon Nikiforuk, Chairman, Toronto, Ont.; J. B. Macdonald, Toronto, Ont.; G. H. W. Lucas, Toronto, Ont.; R. M. Grainger, Toronto, Ont.; K. J. Paynter, Toronto, Ont.; M. A. Cox, Toronto, Ont.; H. A. Hunter, Toronto, Ont.; D. G. Scott, Toronto, Ont.; J. D. McLean, Halifax, N.S.; A. W. S. Wood, Toronto, Ont.; C. H. M. Williams, Toronto, Ont.; J. E. Speck, Toronto, Ont.; L. Belanger, Ottawa, Ont.; R. H. McDougall, Victoria, B.C.; G. Brass, Edmonton, Alta.

REPORT

1. General Activities:

The increasing recognition on the part of the dental profession that the foundation for its growth is a sound basic research programme is reflected by the scope and activities of the Research Committee. During the past year the main projects of the Research Committee have been:

- (i) The administration of the C.D.A. studentship programme for the training of personnel for research.
- (ii) The publication and circulation of research findings.
- (iii) The evaluation of the effectiveness of "Therapeutic Dentifrices".
- (iv) Completion of a report dealing with the present status of dental research in Canada.
- (v) Examination of the scientific reports dealing with fluoridation.
- (vi) Revision of "Facts on Fluoridation".

2. Personnel:

The Committee regrets to report that:

- (a) Dr. E. Martin resigned from the Committee in order to accept an assignment elsewhere. (Dr. G. D. Scott, from the Department of Physics, University of Toronto, consented to act in Dr. Martin's place until the Annual Meeting of the C.D.A.)
- (b) The terms of office have expired for the following members: Drs. R. M. Grainger, G. H. W. Lucas, J. B. Macdonald and K. J. Paynter. The Committee gratefully acknowledges the contributions of these members.

3. Studentship Applications:

- (a) Dr. A. M. Hunt was granted a studentship in the amount of \$100.00 per month, for one year of graduate study at the University of Toronto.
- (b) An application was received from Dr. H. J. MacConnachie of Dalhousie University in the amount of \$2,010.00 for a period of 18

months for support of a pilot study to be conducted at the prenatal and well-baby Clinics of the Public Health Clinic at Dalhousie University. The application did not comply with articles 1 and 2 of the regulations governing the award of studentships and was not approved.

- (c) Mr. W. D. Kirstine, presently enrolled in the final year of the course leading to the D.D.S. in the Faculty of Dentistry, University of Alberta, made application for financial assistance in order to achieve specialist certification in orthodontics. The request was not granted.
- (d) Mr. R. C. Burgess, undergraduate student of the Faculty of Dentistry, University of Toronto, applied for a studentship in the amount of \$1,250 - \$1,500 for a period of five months in order to undertake a study at the Division of Research, University of Toronto on "The Identification of Carbohydrate Components of Enamel by the Paper Chromatography Technique". A studentship in the amount of \$1,000.00 was approved.
- (e) An application for a studentship in the amount of \$75.00 per month for eighteen months was received from Mr. A. E. Hoffman, from Dalhousie University, in order to prepare for a career in teaching and research in the field of Oral Surgery. The application was approved for a period of twelve months.

It is important to emphasize that C.D.A. studentships are intended to foster research in dentistry by assisting suitable candidates to receive such training as would best prepare them for a career of teaching and research. They are not intended for assisting candidates for a specialist certification in clinical fields.

A complete list of C.D.A. studentships from 1947 to May, 1955 is compiled in Appendix A.

4. Survey of Dental Research in Canada:

The Board of Governors of the C.D.A. at its meeting in September, 1953 approved a plan for the Research Committee to survey the present status of dental research in Canada. The main objective of the survey was to get an overall picture of dental research and to obtain a base-line in order to record the future progress of research in Canada. The results of the survey are summarized in Appendix B of this report.

5. Report of the Council on Dental Education re:

Results of the Survey of Dental Research in Canada:

At the request of the Council on Dental Education the results of the survey of the present status of dental research were presented to this body. In view of the scarcity of personnel engaged in dental research, as revealed by the survey, this Committee urges that Canadian Dental Schools take greater

advantage of the C.D.A. studentship programme for teaching and research.

A summary of the Report of the Chairman of the Research Committee to the Council on Dental Education appears in Appendix C.

6. Reprint Service:

Through this service research articles in dentistry by Canadians are circulated to most of the dental research centres in the world. The service is made possible from funds of the Canadian Dental Research Foundation. The following articles have been circulated through this service during the past year.

1. R. M. Grainger, "The Distribution of Dental Caries in Children".
2. K. J. Paynter, "The effect of Propylthiouracil on the Development of Molar Teeth of Rats".
3. J. B. Macdonald, R. Sutton and M. L. Knoll, "The Production of Fusospirochetal Infection in Guinea Pigs with Recombined Pure Cultures".
4. H. A. Hunter and Gordon Nikiforuk, "Ameloblastoma in a three-year-old Boy".
5. D. M. Reid and R. M. Grainger, "Caries Susceptibility of Children's Teeth".

7. Fluoridation:

- (a) The second edition of "Facts on Fluoridation" has been in great demand. This pamphlet has been revised and the third edition will be available soon.
- (b) Home Fluoridators. A statement of the Committee on the subject of home fluoridators was prepared. It reads as follows:

"The use of individual household water fluoridating units has been suggested as a method of fluoridating water supplies. This procedure cannot be considered as a substitute for the public health measure of fluoridation of communal water supplies as endorsed by the Canadian Dental Association for the following reasons:

- (1) Daily supervision and control of fluoride output is practised in the fluoridation of communal water supplies; lack of such control over home fluoridation units constitutes a potential danger.
- (2) The use of units in individual homes cannot provide the community-wide protection offered by a municipal service.
- (3) The Committee is aware of the need to extend the benefits of water fluoridation to areas where public supplies do not exist.

RESEARCH

However, at present no evidence of a suitable method of accomplishing this end is available."

- (c) Several inquiries have been received by this Committee as to the relationship of fluoridation to periodontal disease. A statement in this connection is being prepared by members of this Committee.

8. Therapeutic Dentifrices:

An article evaluating the effectiveness of dentifrices in the prevention of dental caries has been prepared by this Committee. The article will be published in the Journal as soon as possible.

9. Research Projects:

The number and quality of research projects suggest that important contributions to the understanding of the biological processes underlying dental health and disease are being made by dental research workers in Canada. A very significant feature is the basic character of the research projects. Work in the fields of bacteriology, biochemistry, histochemistry, anatomy, physics, as they relate to problems in dentistry, is in progress in several laboratories in Canada. During the past year the Associate Committee on Dental Research of the National Research Council received applications amounting to \$55,613.00. The vast majority of these applications were received from basic science departments. Fundamental research must precede the later stages of practical and applied findings.

Research reports from the Division of Dental Research, University of Toronto, have added significantly to the knowledge of the role of infection in periodontal disease; the importance of tooth morphology and dental caries; the chemical composition of dental tissues. Very successful applications of statistical procedures have been employed in the study of the character and distribution of dental caries in children.

Throughout the country studies are in progress in the general field of dental public health. Questions relating to fluoridation of communal water supplies, and epidemiology of dental caries are being investigated. The Dominion and Provincial Departments of health are supporting such studies.

10. Enquiries:

Numerous enquiries have been received from interested individuals and organizations by this Committee in connection with various subjects relating to the general field of research in dentistry.

11. Future Plans:

- (a) Publish the review on "Therapeutic Dentifrices".
- (b) Revise the pamphlet "Facts on Fluoridation".
- (c) Administer the Studentship programme.

- (d) Continue the reprint service.
- (e) Publish a statement on the present status of dental research. Statement to be based on the findings of the recent survey.
- (f) Assess findings dealing with the relationship of fluorides to periodontal disease.
- (g) Study and evaluate the important developments in research in dentistry and report on such studies.

12. Financial Statement:

- (a) Appendix D contains the financial statement of this Committee during the past year.
- (b) The amount approved for Studentships during the present year has been \$5,275.00.
- (c) The Committee respectfully requests a total allocation of \$3,500 for the coming year.
- (d) Appendix E contains the Financial Statement for the Canadian Dental Research Foundation for the year ending December 31st, 1954.

C.D.A. RESEARCH COMMITTEE STUDENTSHIPS

1947 to MAY, 1955

Year	Recipient	Amount	
1947	J. B. Macdonald	\$ 100.00	
			\$ 100.00
1948	J. B. Macdonald	1,500.00	
	J. R. Fletcher	200.00	
	Gordon Nikiforuk	300.00	
			2,000.00
1949	Ronald Gendron	270.00	
	J. B. Macdonald	700.00	
	R. D. Coleman	500.00	
	K. J. Paynter	400.00	
			1,870.00
1950	K. J. Paynter	1,200.00	
	M. J. Gibson	1,100.00	
	G. Nikiforuk	200.00	
	R. D. Coleman	250.00	
	J. H. A. Senecal	900.00	
			3,650.00
1951	K. J. Paynter	600.00	
	J. H. A. Senecal	500.00	
	A. A. Antoni	600.00	
			1,700.00
1952	A. A. Antoni	600.00	
	A. G. Nutlay	500.00	
	J. P. Lussier	1,200.00	
			2,300.00
1953-54	J. P. Lussier	300.00	
	Robert Rapp	2,160.00	
	A. W. S. Wood	164.73	
	K. J. Paynter	109.41	
	Frank Popovich	179.00	
			2,913.14
1954-55	M. Hunt	1,200.00	
	R. C. Burgess	1,000.00	
	A. E. Hoffman	900.00	
			3,100.00
			\$ 17,633.14

RESEARCH

Name	School	Field	Amount
Macdonald, J. B.	Univ. of Columbia	Bacteriology	\$ 2,300.00
Fletcher, J. R.	Univ. of Toronto	Dental Materials	200.00
Nikiforuk, Gordon	Univ. of Illinois	Paedodontics and Biochemistry	500.00
Gendron, Ronald	N.Y. School of Dentistry	Perodontia	270.00
Coleman, R. D.	Univ. of California	Oral Medicine	750.00
Paynter, K. J.	Univ. of Columbia	Anatomy	2,200.00
Gibson, M. J.	Henry Ford Hospital	Dental Oral Surgery	1,100.00
Senecal, J. H. A.	Harlem Hospital & New York Univ.	Path. in Clinical Diagnosis in Dentistry	1,400.00
Antoni, A. A.	Henry Ford Hospital	Dental Oral Surgery	1,200.00
Nutlay, A. G.	Chicago University	Oral Pathology	500.00
Lussier, J. P.	Univ. of California	Oral Medicine and Experimental Biology	1,200.00
Lussier, J. P.	Univ. of California	Oral Medicine and Experimental Biology	300.00
Rapp, Robert	Univ. of Michigan	Paedodontics	2,160.00
Wood, A. W. S.	Univ. of Illinois	Paedodontics	164.73
Paynter, K. J.	New York Academy of Sciences	—	109.41
Popovich, Frank	Philadelphia Center for Research in Child Growth	Child Growth	179.00
M. Hunt	Univ. of Toronto	Nutrition	1,200.00
R. C. Burgess	Univ. of Toronto		1,000.00
A. E. Hoffman	Univ. of Dalhousie	Oral Surgery	900.00
			\$ 17,633.14

SUMMARY SHEET OF DENTAL RESEARCH IN CANADA

1954

PERSONNEL

A. Professional

	Dental Degree	Dental & Basic Science MS PhD	Basic Science Degree only	% Time Devoted to Research (Range)	Field of Investigation
Alberta	0	0	2	20 to 40%	Chemistry
Dalhousie	0	0	1	50%	Anatomy
McGill	0	0	1	33%	)Histology)
				Consultation)	Dental Pathology)
Montreal	1	2	1	10 to 50%	Dental Histology Biochemistry Pedodontics Endocrinology
Toronto	9	9	4	10 to 100%	Genetics Biochemistry Bacteriology Biometrics Pathology Physiology Anatomy Orthodontics Periodontics Caries Operative Dentistry Nutrition Surgery Prosthetics Pedodontics
Total	10	11	9		

B. Technical		% of time in Research
Alberta	1	35%
Dalhousie	1	33%
McGill	1	25%
Montreal	none	—
Toronto	10	All but one full-time
Total	13	

S. Graduate Students

		Course
Alberta	none	—
Dalhousie	none	—
McGill	none	—
Montreal	none	—
Toronto	7	Dental Oral Surgery and Anaesthesia, Dental Public Health, Orthodontics, Nutrition, Biocheistry, Bacteriology, Periodontics.

Facilities

	Floor Space	Location	Are Laboratories in Dental School adequately equipped	Is equipment in other departments available to Dental Schools
Alberta	800 sq. ft.	Dept. of Chemistry	No	Yes
Dalhousie	1417 sq. ft.	Dept. of Anatomy	No	Yes
McGill	500 sq. ft.	Donner Bldg., adjacent to Dental School	Reasonably	Yes
Montreal	600 sq. ft.	---	No	Yes
Toronto	4000 sq. ft.	Banting & Best— 200 sq. ft. Hosp. for Sick Children— 200 sq. ft. Faculty of Dentistry— 4000 sq. ft.	Yes	Yes

RESEARCH

Salaries—Professional

	How provided	Scale
Alberta	University	- - - - -
Dalhousie	Univ. & Grants-in-aid	- - - - -
McGill	University	- - - - -
Montreal	University	- - - - -
Toronto	Univ. & Grants-in-aid	Half-time \$2300 to \$5000 Full-time \$5000 to \$7000

Technical

How provided	Scale
Univ. & Grants-in-aid	- - - - -
Univ. & Grants-in-aid	- - - - -
University	Usual Rate
Grants	\$1800- \$3000
University & Grants	\$1940- \$3000

Annual Budget

	Amount of University Budget for Research	Grants in Aid	Source of Support
Alberta	Nil	- - - -	NRC
Dalhousie	Nil	1,870	NRC
McGill	Teaching only	Nil	NRC
Montreal	Nil	5,000	NRC & Univ. Grants
Toronto	20,000	50,000	Total amount of the regular University Budget for Dental Research \$20,000. Amount of Budget for Dental Research derived from grants-in-aid \$50,000.

Publications

Alberta	2
Dalhousie	0
McGill	10
Montreal	3
Toronto	36

Miscellaneous Comments

- Dalhousie "In actual fact there is at present no research carried out directly in the Dental Faculty, nor is there any equipment nor budget for this purpose. However, where possible, Dental Research is encouraged and carried on in the basic science departments of the Medical School, and they are most cooperative."
- McGill "The Faculty of Dentistry at McGill University has no organized Research Department" . . . "All of the equipment of the basic science departments is available to any member of the staff in Dentistry for any dental research pertaining to that department."
- Montreal "Once we have our new clinic established (September, 1955) and more full time personnel (circa 1956), I am in hopes that some research problems may be undertaken."

Appendix C

REPORT TO THE COUNCIL ON DENTAL EDUCATION

BY

Gordon Nikiforuk, Chairman, Research Committee,
Canadian Dental Association, on the Findings of the
Survey of the Status of Dental Research in Canada

As a preface to the report I would like to state that the Research Committee is cognizant of the fact that most of the Schools of Dentistry in Canada are in a state of active growth and development in regards to both teaching personnel and physical facilities. The term 'transition' or 'active transition' has been applied to this period. The term denotes, in a sense, a time of reappraisal—necessitated to a large extent by advancement of our knowledge through research of biological processes linked with dental health. Such a reappraisal has become imperative in the light of the dental practice of tomorrow with its greater emphasis on the biological aspects of medicine and the concomitant development of preventive dentistry.

There are definite limitations to such a period as a result of the need for a compromise between the necessity of taking care of existing needs while at the same time mapping out the course and indeed implementing activities for the next few decades. It is in the light of these conditions and the important position that research assumes in a transition period, that I now turn to the survey findings.

The survey revealed what we all know in a more general way—i.e. that activity in dental research is most inadequate in a relationship to the magnitude

of the problem. The cardinal findings of the survey may be summarized as follows:—

1. There are no dentists engaged in research in three of the five dental schools in Canada.
2. There are no graduate students engaged in research work in four of the five dental schools in Canada. Therefore, no graduate students in these schools are receiving training in research. It is interesting to note here that a preliminary report of a committee appointed to inquire into the minimum requirements of a graduate department at the University of Toronto stated:—

‘Any definition of a graduate department should commence by recognizing the inseparability of Graduate Studies from research. It is indeed possible to pursue research vigorously in the absence of graduate students, but not to train graduate students in the absence of active research.

It is evident that each Graduate Department (as distinct from an inter-departmental committee) must carry out its function of instruction and research within the limits of a specified subject, which may in turn be defined as a body of knowledge, discrete, coherent, and of sufficient magnitude or extent’.

3. The physical facilities for research and the annual budget for research in most dental schools are nil.
4. Original research publications are very sparse. During the three years, 1950-53, only one Canadian school presented papers at the International Association for Dental Research.

This survey represents conditions characteristic of a transitional period. There are definite signs that conditions are improving—almost every school indicated available facilities in other university departments. The real difficulty appears to be associated with inadequate numbers of adequately trained personnel.

Thomas Huxley once said, “We are all scientists (because) the method of scientific investigation is nothing but the expression of the necessary mode of working of the human mind.” If Huxley was to rewrite this today he would probably add a footnote: ‘Training is important’. It is well-known that undergraduate training in medicine and dentistry is directed primarily toward clinical practice. An additional period of training has become imperative in order to prepare for a career in the increasingly complex field of research.

During discussion of this point the members of the Research Committee requested that this suggestion be forwarded to the Council: Every school has from time to time changes in its staff—where a new appointment is to be made, no effort should be spared to ‘recruit from the intellectually adventurous’ and

to urge the prospective appointee to take advantage of the C.D.A. Studentship programme in order to prepare for a career of teaching and research. If each school was to take advantage of this programme at no cost to themselves, and send at least one suitable candidate, an important nucleus for research in the institution would be assured.

The inauguration of such a programme in a school would, the Committee felt, assist immeasurably in securing excellence in our schools in the manner recently suggested by a university president "by getting the best men and women to teach the best students under conditions that encourage concentration on scholarship and research."

I would like to close by quoting from an article by Trendlay Dean in the Journal of Dental Education, (18: 197, 1954) "Research and research alone can provide the navigational aids to lay a true course through the stormy transitional period ahead. Research activities should be doubled and redoubled with particular emphasis upon basic research, the seed corn of research which must of necessity precede the later harvest of applied research. In this rapidly changing scientific world of the present, a continuation of a laissez faire attitude toward dental research might well produce an irremediable situation in the future."

Appendix D

RESEARCH COMMITTEE FUND FINANCIAL STATEMENT

Please refer to Auditors' Statement for year ended December 31st, 1954.

The following is a statement covering the period January 1st to April 15th, 1955.

Revenue

Transfer from Canadian Dental Research

Foundation (Bond Interest)	\$ 175.00
Sundry (Bank discount)	9.28
Total	<u>\$ 184.28</u>

Expenditure

Studentships	\$ 850.00
Reprints	52.20
Audit	25.00
Sundry (Ledger & Co.'s Act Return Fee)	8.75
Total	<u>\$ 935.95</u>

THE CANADIAN DENTAL RESEARCH FOUNDATION
BALANCE SHEET

December 31st, 1954

Assets

Current Account:

Cash in trust company	\$	42.93	
Accrued interest on bonds		177.66	
			\$ 220.59

Capital Account:

Cash in trust company		94.47	
Government and government guaranteed bonds, at cost (par value \$17,100.00)		17,064.50	
			17,158.97
			\$ 17,379.56

Liabilities

Current Account:

Provision for trust company's fee	\$	23.00	
Surplus		197.59	
			\$ 220.59

Capital Account:

Surplus			17,158.97
			\$ 17,379.56

THE CANADIAN DENTAL RESEARCH FOUNDATION
STATEMENT OF RECEIPTS AND DISBURSEMENTS
CURRENT ACCOUNT

Year ended December 31st, 1954

Receipts

Cash in trust company, December 31st, 1954	\$	36.25
Interest on investments held by trust company		506.70
Bank Interest		7.48
	\$	549.43

Disbursements

Trust Company's fees to December 31st, 1953	\$ 10.93
Transfers to Dental Research Fund	495.57
Cash in trust company, December 31, 1954	42.93
	\$ 549.43

COMMENT

1. The Research Committee is to be commended upon the activities of the past year.
2. Noted, with sincere appreciation of their services.
3. This section and Appendix A is noted. We strongly commend the policy of the Research Committee as expressed in the second last paragraph of section No. 3.
4. & 5. It is evident that there is an urgent need for more personnel and space in the Research Department of Canadian Dental Colleges.
The part that the C.D.A. studentship programme plays in developing research personnel should again be emphasized to the Board.
This survey however, will serve as a basis for comparison with future surveys. Appendix C, paragraphs 1-4, were especially noted and recommended for perusal as to the status of dental research in Canada.
6. The reprint service has excited interest in many countries, thereby establishing fraternal and scientific relations with other research centres.
7. & 8. Noted.
9. We concur with the policy of placing the emphasis on the fundamental biological research projects.
10. Enquiries are encouraging and indicative of the wide scope of the Committee.
11. The Chairman and Committee must be commended on their future program.
12. (a) Noted.
(b) Noted.
(c) Agreed.
(d) Noted and approved.

The Research Committee and its Chairman are to be congratulated upon the work of the past year, which everyone realizes is so vital to the advancement of our profession.

We recommend the adoption of the Report of the Research Committee.

APPROVED

STATEMENT ON FLUORIDATION
OF COMMUNAL WATER SUPPLIES

Whereas tooth decay, by affecting the vast majority of people in Canada, has come to be recognized as one of the major public health problems of our time, and

Whereas studies covering a period of over thirty years under the widest variety of controlled conditions have marked fluoridation as one of the most widely studied of public health procedures, and

Whereas such studies reveal that fluoride in the recommended amount of 1 part of fluoride to 1 million parts of water is safe from any ill-effect and is effective in reducing tooth decay by approximately two-thirds, and

Whereas fluoridation benefits children and the benefits extend into adult life, therefore be it

Resolved, that the Canadian Dental Association reiterates its recommendation to the people of Canada that communities having a public water supply adopt a procedure for adjusting the fluoride content of their water supply, and for this purpose seek competent dental, medical and engineering advice.

Adopted by the C.D.A. Annual Meeting,
on May 12th, 1955.

MEMBERS OF COMMITTEE ON SPECIALISTS AND SPECIALIZATION: A. G. Racey, Chairman, Montreal, P.Q.; A. Raymond, Montreal, P.Q.; W. J. Johnston, Montreal, P.Q.

REPORT

1. On the recommendation of the Reference Committee to this Committee at the last meeting of the Board of Governors, the defining of each of the Specialties was referred back for further study. This study has not been completed but your Committee hopes to present this matter at the next meeting of the Board.

2. Recognition of Dental Public Health as a Specialty:

Letter from A. E. Chegwin, D.D.S., D.D.P.H., Director, Division of Dental Health, Department of Public Health, Province of Saskatchewan, (Appendix A).

Appendix A

PROVINCE OF SASKATCHEWAN DEPARTMENT OF PUBLIC HEALTH

Regina

Provincial Health Building

January 26, 1955.

Dr. A. G. Racey,
Chairman, Committee on Specialists & Specialization,
Canadian Dental Association,
1414 Drummond,
Montreal, P.Q.

Dear Dr. Racey:

Coming directly to the point, this letter has to do with the inclusion of dentists working in the field of Dental Public Health as a separate specialty recognized by the Canadian Dental Association. It is noted in the 1953-54 Transactions that the lines are being drawn for the establishment of standards and Certification for a number of the clinical specialties of dentistry. Some of these have already considerable background, some are only in the initial stages of development.

Attention of the committee is drawn to the increasing number of dentists in Canada who have qualified in Public Health in the past ten years and are engaged both administratively and clinically in this new field. It should be noted that a pattern or what might be termed a new discipline is gradually evolving, comparable in some respects to that existing in the application of

SPECIALISTS AND SPECIALIZATION

preventive medicine in public health. There is no doubt that increased private and public pressures, as expressed by governmental incursions into all fields of health, and the development of voluntary plans of various kinds, will result in increasing problems for the dental profession. Therefore, those members of the profession who now find themselves in the position of intermediaries between the profession, government and the public, must surely be entitled to consideration as performing a special task distinctly separate although allied to the practitioner.

As Chairman of the Dental Section of the Canadian Public Health Association, it has been suggested to me that strong representations should be made to your committee as herein outlined and that some action might be taken to place this matter on your agenda for consideration and report to the next meeting of the Board of Governors.

It is pointed out that certification as specialists in Public Health is an accomplished fact in Medicine in Canada and also in the U.S.A. In the latter country there has also recently been established an American Board of Dental Public Health under the Aegis of the American Dental Association.

Without laboring the point, and expressing a purely personal opinion, the political implications of the future in the health field require more than anything else the raising of the prestige of the dental profession in every way possible. Recognition of Dental Public Health as a specialty, when deserved, and the accompanying acceptance by the rank and file would, in my view, assist materially in stifling certain criticisms which seem to exist even in some official circles.

May I therefore request from your committee every consideration of the suggestion made on behalf of those represented.

Yours very sincerely,

(sgd) A. E. Chegwin,
A. E. Chegwin, D.D.S., D.D.P.H.
Director,
Division of Dental Health.

AEC/iu

COMMENT

1. Approved.
2. Consideration was given to this matter and the following motion was passed:
That the matter of the recognition of Dental Public Health as a specialty be referred back to the Committee for further study and report to the Board of Governors at the next annual meeting.

We recommend the adoption of the Report of the Committee on Specialists and Specialization.

APPROVED

MEMBERS OF WAR MEMORIAL AWARD COMMITTEE: Roger Charette, Chairman, Montreal, P.Q.; A. M. Hord, Toronto, Ont.; Howard Boyles, Montreal, P.Q.; O. Hebert, Montreal, P.Q.; R. S. Edmison, Montreal, P.Q.

REPORT

1. Entries were received from all Canadian Universities. Dalhousie submitting one, and all others two.
2. The winners this year were:
1st prize: R. G. Topazian, McGill University
2nd prize: (T. J. Luby, McGill University
(C. Baril, University of Montreal.
3. The committee wishes to express their gratitude to Dr. P. J. Gitnick, Dr. R. F. Harvey and Dr. G. de Montigny, for having consented to give their services as judges for this year's competition.
4. We have stressed before the Deans the importance for the contestants of submitting papers within the wording limits set in rules of the Competition. We might suggest that this particular rule be made doubly clear in the text of the rules. Otherwise no change in regulations is suggested.
5. No change in budgetary allotment is necessary.
6. "The Importance of the Deciduous Dentition in Relation to the Permanent Dentition" is the title of the subject which has been submitted for approval to the Executive for the 1955-56 Competition.

COMMENT AND RECOMMENDATION

1. Noted.
2. Congratulations to winners.
3. Re-emphasize thanks to judges.
4. Concur and stress observance of this rule.
5. Concur.
6. Agreed.

We recommend to the Board of Governors that the title of subject for competition be contained in the report of this Committee in sufficient time to come to the attention of the Board of Governors before it is passed to the Universities.

WAR MEMORIAL AWARD

We recommend the adoption of the Report of the War Memorial Award Committee with recommendation.

RESOLUTIONS RE WAR MEMORIAL AWARD

1. That in the case of the tie for second prize in the War Memorial Award, both participants be awarded an equal second prize, the funds necessary to provide this extra prize to be taken from the funds of the Association.
2. That the War Memorial Award Committee be requested to set a rule for the revision of essays of equal standing as assessed by the judges.

APPROVED

MEMBERS OF NOMINATING COMMITTEE: Gustave Ratté, Chairman, Quebec, P.Q.; G. M. Dewis, Halifax, N.S.; A. G. Racey, Montreal, P.Q.; R. R. McIntyre, Calgary, Alta.

REPORT

1. The work of this Committee has been carried out mostly by correspondence. We want to take this opportunity to thank the chairmen of the various committees for their promptness in answering our requests.

2. The Committee, after meeting here in Toronto, takes the liberty of placing in nomination the following:

Officers

<i>President</i>	— R. R. McIntyre, Alberta
<i>President-elect</i>	— K. M. Johnson, Manitoba
<i>Immediate Past President</i>	— P. G. Anderson, Ontario

Committees

<i>Executive Committee</i>	— R. R. McIntyre, President, Chairman K. M. Johnson, President-elect P. G. Anderson, Immediate Past President A. G. Racey G. M. Dewis
<i>Committee on By-laws</i>	— J. S. Bagnall (Chairman) Nova Scotia G. L. Cameron, Ontario S. A. Moore, Ontario G. M. Dewis, Nova Scotia
<i>Convention Committee</i>	— H. Baden Powell (Chairman) Alberta
<i>Finance Committee</i>	— S. J. Phillips (Chairman) Ontario
<i>Council on Dental Education</i>	— R. G. Ellis (Chairman) Ontario 1957 Harvey W. Reid, Ontario 1957 Wm. Miller, British Columbia 1956 D. P. Mowry, Quebec 1956 J. D. McLean, Nova Scotia 1958 Armand Fortier, Quebec 1958
<i>Dental Public Health Committee</i>	— Arthur Poyntz (Chairman) British Columbia Alex Gunning, British Columbia J. A. Chambers, British Columbia W. A. MacDonald, British Columbia W. Milburn, British Columbia

ELECTIONS

Ex-officio Members:

Chairmen on Provincial Dental
Public Health Committees

Committee on Ethics

- J. D. McLean (Chairman) Nova Scotia
J. P. McGuigan, Nova Scotia
S. K. Wetmore, New Brunswick
H. S. Crosby, Nova Scotia
H. N. B. Beach, Ontario

Legislation Committee

- Alvin A. Cameron (Chairman) Ont. 1956
E. S. Macartney, Ontario 1957
George W. Barrett, Ontario 1958

Necrology Committee

- Don W. Gullett (Chairman) Ontario
and Provincial Registrars

Committee on Publications

- Frank Martin (Chairman) Ontario
Arthur Poag, Ontario
Mark Boyes, Ontario
J. D. Purves, Ontario
A. Fortier, Quebec
J. E. Tilson, Ontario

Health Insurance Studies Committee

- Harvey W. Reid (Chairman) Ontario
C. A. E. McCabe, Quebec
T. R. Marshall, Ontario
L. V. Janes, Ontario
W. R. Scott, British Columbia
J. F. Brown, Manitoba
R. Langlois, Quebec
Also Chairmen of Provincial Health
Insurance Studies Committees

Hospital Dental Services Committee

- D. M. Tanner (Chairman) Ontario
A. A. Antoni, Ontario
G. A. Buchanan, Manitoba
R. E. Diprose, Ontario
R. Marshall, Ontario
G. de Montigny, Quebec
S. A. MacGregor, Ontario
F. A. Smith, British Columbia

Housing Committee

- R. P. Lowery (Chairman) Ontario
H. W. Reid, Ontario
G. V. Fisk, Ontario

<i>Nomenclature Committee</i>	— H. A. Hunter (Chairman) Ontario W. J. Dunn, Ontario G. H. W. Lucas, Ontario F. E. H. Priestly, Ontario R. J. Getty, Ontario G. de Montigny, Quebec	
<i>Public Relations Committee</i>	— H. R. Skilling (Chairman) Ontario J. G. Chalmers, Ontario J. Kreutzer, Ontario Chas. H. Moses, Ontario Chas. McLean, Ontario H. S. Thomson, Ontario J. H. Mullett, Ontario J. E. Tilson, Ontario	
<i>Committee on Specialists and Specialization</i>	— A. G. Racey (Chairman) Quebec A. Raymond, Quebec W. J. Johnston, Quebec	
<i>War Memorial Award Committee</i>	— Roger Charette (Chairman) Quebec A. M. Hord, Ontario Howard Boyles, Quebec O. Hebert, Quebec Ralph Edmison, Quebec	
<i>Research Committee</i>	— G. Nikiforuk (Chairman) Ontario Donald Fraser, Ontario J. Kreutzer, Ontario Aaron Posen, Ontario D. B. W. Reid, Ontario M. A. Cox, Ontario H. A. Hunter, Ontario G. D. Scott, Ontario J. D. McLean, Nova Scotia A. W. S. Wood, Ontario C. H. M. Williams, Ontario J. E. Speck, Ontario L. Belanger, Quebec R. H. McDougall, British Columbia G. Brass, Alberta	1958 1958 1958 1958 1958 1956 1956 1956 1956 1956 1957 1957 1957 1957 1957
<i>Auxiliary Services Committee</i>	— R. A. Rooney (Chairman) Alberta H. R. MacLean, Alberta A. M. Revell, Alberta Also Chairmen of all Provincial Legislation Committees	

APPROVED

ELECTIONS

Honorary Membership

-- Harold Keith Box, Toronto, Ontario

Following the adoption of the Report of the Nominating Committee, the Board of Governors then proceeded to elect a member to the Nominating Committee for the ensuing three year term. As a result, the Nominating Committee for the year 1955-56 is as follows:

Nominating Committee

— G. M. Dewis (Chairman) Nova Scotia 1956

C. M. Purcell, Ontario 1957

G. Racey, Quebec	1958
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K. M. Johnson, Manitoba, Ex-officio

MEMBERS OF RESOLUTIONS COMMITTEE: C. L. Strachan, Chairman, London, Ont.; G. M. Dewis, Halifax, N.S.

REPORT

Your Resolutions Committee begs leave to present the following resolutions:

1. Management of the Hotel

The Board of Governors of the Canadian Dental Association in session at the Royal York Hotel, wishes to express its sincere thanks to the management for making it possible for us to meet and conduct our sessions under pleasant conditions.

2. Reverend G. MacGregor Grant

The Board of Governors of the Canadian Dental Association wishes to express to you our deep appreciation for your delivery of the Invocation at our Opening Session on Wednesday, May 11th, 1955.

3. Ladies Committee

The Board of Governors wishes to convey to you our sincere thanks and appreciation for all the courtesies extended to the ladies during the sessions of the Board.

4. Staff, Royal York Hotel

The officers and members of the Canadian Dental Association offer their thanks and appreciation to the staff for the many courtesies and efficient service given us on the occasion of the Board of Governors meeting.

5. Press and Radio

The Board of Governors of the Canadian Dental Association wishes to express its thanks to:

The City Editor
Globe and Mail

Mr. Ken McTaggart,
Feature writer,
Globe & Mail

Miss Yvonne Vickers
CKEY
444 University Ave.

The City Editor
Evening Telegram

Mr. Pat Boswell,
C.B.C.
34 Jarvis Street

Mr. Ken Marsden
CFRB
37 Bloor Street West

The City Editor
The Daily Star

Mr. Allan Cupples
CHUM
250 Adelaide St. W.

RESOLUTIONS

6. Convention Committee

The Board of Governors of the C.D.A. wishes to express to this Committee their appreciation for their efforts in producing a program of outstanding interest to the profession.

7. Departments of National Defence, Veterans Affairs, and National Health and Welfare

The Board of Governors of the C.D.A. wishes to express their sincere thanks to the Departments of National Defence, Veterans Affairs, and National Health and Welfare on their cooperation during the past year.

ANNUAL MEETING THE CANADIAN DENTAL ASSOCIATION

The 1955 Annual Meeting of The Canadian Dental Association was held in the Royal York Hotel, Toronto, Canada, on Monday, May 16th, 1955, commencing with Luncheon at 12.15 p.m.

Dr. P. G. Anderson, of Toronto, President of the Canadian Dental Association, presided.

Luncheon opened with Grace, followed by a Toast to Her Majesty The Queen.

WAR MEMORIAL ESSAY AWARDS

President Anderson: There are a few announcements to make. It is customary at our Annual Meeting to announce the winners of the Annual War Memorial Essay Awards. May I do that at this time.

The First Prize was won by R. G. Topazian, of McGill University.

The Second Prize was won by two who were tied for the second place—T. J. Luby of McGill University, and C. Baril, of the University of Montreal. We are happy indeed to award these men with these prizes.

GREETINGS FROM FEDERATION DENTAIRE INTERNATIONALE

President Anderson: We have just received a telegram from Dr. Leatherman, the Secretary of the F.D.I.:

“Greetings and Best Wishes for the success of your meeting.”

Ladies and Gentlemen, may I introduce to you today our guest of honour, His Worship, the Mayor of the City of Toronto, Mayor Nathan Phillips.

(Applause)

ADDRESS BY MAYOR OF TORONTO

His Worship, Mayor Nathan Phillips: Mr. President, Ladies and Gentlemen: It is a great honour for me, as Mayor of Toronto, to associate myself with this splendid Convention and to bring to you the most cordial civic greetings.

I felt very, very honoured indeed when I was asked to come here today to open your wonderful Art Exhibition and, I can tell you I think that it is a wonderful exhibition.

It is a very great honour for me to welcome so many people from outside the City of Toronto. We have guests here from the United States of America,

ASSOCIATION MEETING

as well as from the various provinces, and to our cousins from across the line, I want to extend a special welcome to them, because I think that it is important that we should emphasize those things we have in common. While some may talk about the invisible boundary line that divides, the same thing also unites us today and I believe that the future stability of the world depends upon the common stand by the United States of America and the **British Commonwealth of Nations**. (Applause)

I notice there are a goodly number here from the Province of Quebec, and to them also I am sure that the rest of the English-speaking provinces of this great country of ours would want me to extend to them also a special welcome.

I think bodies such as this, composed of intelligent men and women, gathering in conclave like this, get to know one another, and tear down the false barriers that exist and I am all in favour of national and international conventions, where men and women can get together and learn to know and understand one another.

And of interest to you, Ladies and Gentlemen of your Profession, may I say that Toronto is the home of Harold Keith Box, whom you are going to honour at this Convention.

Toronto, like this country, has passed through different stages. They tell us a glacier rolled over Toronto at one time. We have had the Glacial or the Pleistocene, and the Post-Glacial, and now, Ladies and Gentlemen, we are going through the Fluoridation Period. You know what I mean—and that is causing some concern, not too much, to those of us who are engaged in administering the public affairs of the Metropolitan City of Toronto..

Now, I have nothing more to say. I know you have a big agenda ahead of you. I hope that you enjoy your stay in Toronto. I sincerely hope that your deliberations will be such that they will be fruitful. I know **Conventions** of this kind do a great deal of good for the profession and the public generally.

Thank you.

(Applause)

President Anderson: Thank you, Mayor Phillips.

Now, Ladies and Gentlemen, I introduce to you one of our good neighbours, Dr. Charles I. Taggart, a Trustee and the official representative of the **American Dental Association**.

ADDRESS BY THE REPRESENTATIVE OF AMERICAN DENTAL ASSOCIATION

Dr. Charles I. Taggart: Mr. President, Honoured Guests, Fellow Dentists, Ladies and Gentlemen: It is indeed a pleasure and an honour for me to be

here today, representing, as I do, the Officers and Trustees of the American Dental Association, in bringing you their official greetings.

Five years ago I attended the Canadian Dental Association meeting here in Toronto, in a similar capacity. The theme of your meeting at that time was "75 Years of Dental Education". This year I note that the theme is "Progress Through Research", a timely subject for 1955.

Many dramatic medical discoveries have occurred in the past fifteen years, and it is easy to document the progress in the general public health, due to these discoveries.

In the same period Dental Research, although meagerly supported, has come up with one of the greatest public health measures of our time, namely, the fluoridation of public water supplies. This measure for the prevention of dental caries is now in operation in 1062 communities throughout the United States, serving a population of 20,350,000 persons.

I note with interest that Brantford, Ontario, will shortly complete ten years of a fluoridation study. Grand Rapids, Michigan, and Newburgh, New York, have already reached that mark. Reports from these and numerous other independent studies provide direct evidence attesting to the premise that the theory of fluoridation is now an indisputable scientific fact.

It is interesting to note that fluoridation programs have not been limited to Canada and the United States but have gained acceptance throughout the World. This great public health measure has been inaugurated in one or more cities in Brazil, Columbia, Cuba, Germany, Holland, Japan, New Zealand and Sweden.

While the adoption of the program has met with some opposition, as has been the case with other public health measures in the past, never before in the history of public health has a procedure been backed by such a wealth of supporting evidence as to its safety and effectiveness.

We know that the procedure is not a cure-all for dental decay; we must not de-emphasize such measures as the reduction in the consumption of sweets, removal of carbohydrates from the mouth by brushing the teeth immediately after eating, and the procurement of regular dental care.

On the other hand, where fluoridation is possible, the marked effect, the safety and simplicity of this preventive overshadows all other means of dental caries control. Dental decay and the loss of teeth as a result of decay is staggering and needless. The loss of permanent teeth in children and young adults is shocking. It is estimated that forty per cent of our children have had at least one permanent tooth removed by the age of fourteen, and at the age of thirty-five, one-quarter to one-half of the population in the United States alone has or should have artificial dentures. There is little or no excuse for the wide extent of dental caries when the knowledge is at hand for prevention and control.

ASSOCIATION MEETING

Fluoridation is "Progress through Research".

Let us never cease our efforts toward the ideals of dentistry, including the support of Dental Research on an ever-widening scale.

May I reiterate my personal pleasure at being with you today, sharing the problems, the friendships and the satisfactions of our great profession.

Thank you, very much.

(Applause)

PRESIDENT'S ADDRESS

President Anderson: It falls to me to present to you at this time another man for whom I feel I shall have to make some apologies. It seems unfortunate but the situation cannot be helped, for, the By-laws of our Association directs that your President must give an address before the Association.

You will observe from the programme that we are not to be launched into a discussion on the mysteries and secrets of philosophy. I am sure you must be aware, and amazed, too, that in fifteen short minutes, you are going to be acquainted with all the problems and perhaps receive all the answers to the questions, that for centuries have puzzled the intellects of renowned men of mind—the philosophers. Never was there a time when I could wish more fervently for the completed admonition of Disraeli when he said to a new member of his government—"I think it might be better if they were to wonder why you did not talk rather than why you did".

I am not going to present an outline of the activities of our Association as such, but rather talk about some aspects of our professional life and patterns that are inescapably associated with the standards by which our profession and by which all professions are appraised.

It is not by mere accident or coincidence that there exists a spirit of integrity that has given character and substance to our profession for so long a time, that is as vital in so many respects as the practice of a profession. Practice is essential, honourable and necessary, for that is the means by which we live. But practice alone does not set the total standards of value by which a profession lives or survives among professions.

Our profession has been made and held honourable by the many devoted and capable men who have laboured so hard to achieve the purposes for which our profession stands, and I know you would agree that all that we are today is dependent upon the work and efforts of our predecessors and of learned men in every sphere of activity and every age, BUT — it is an idle pride that lives only on the achievements of the past. Our professional ancestors have passed on to us standards of value based on accumulated experience, and these standards have become a part of the spirit of dentistry. Therefore, it is important that we rescue some of the ideals of the past and use them in charting the course for the future.

Now, what about dentistry as a profession! What are the ultimate objectives in our profession? Are they capable of persisting and lasting in a constantly changing world? Does it matter? Do we care? President Robert E. Doherty of Carnegie Institute posed this question: — Just listen to this one — I quote: “To what end will professional men direct their energies and abilities?” Is dentistry, as a professional group, ready to answer that one? Further, President Doherty went on to advance the thesis that “under the American system professional men largely set the pattern of national life. The character of their pattern depends not alone upon their technical ability, nor yet upon whatever ability they may have in dealing with human and social situations. It also depends, and depends critically, upon their attitudes, upon the way they look at things. These attitudes have some of their principal roots in value judgments.” I am sure, if I were to add nothing more in this presentation, but left with you this perfectly simple but challenging observation, you would have ample cause to be concerned as to where and to what purpose professional men are heading and why. It would appear that dentistry must know its objectives in order to make proper use of its energies and abilities. This is a terrific challenge to place on the door-mat of any profession. It would be so much easier just to think about it—some other time—but let’s face it, we cannot escape—it is there and sometime or somehow it will be answered.

Members of the dental profession are a privileged group. No one would deny that, because they have been exposed to all the benefits of an advanced education, admittedly scientific in nature, but nevertheless in an atmosphere of knowledge. Gilbert Highet of Columbia University, and formerly of Glasgow and Oxford, an eminent authority on education, makes this observation: “An error which limits the use of knowledge in the Western world is the notion that learning and teaching always ought to have immediate results, show a profit and lead to success. It is true that education is intended to benefit the entire personality. But it is not possible, not even desirable, to show that many of the most important subjects which are taught as part of education will make the learner rich, fit him for social life, or find him a job. It is the entire personality that counts. A training in philosophy makes few men wealthy, but it satisfies an instinct in them which cries for fulfilment. The man who does not know anything about biology is in that respect inferior to the man who does even though he may be richer in pocket.” Similarly then, the man who does not know anything about the art and science of dentistry is in that respect inferior to the man who does even though he may be a much richer and more influential man in other respects. This aspect should satisfy the pride of dentists in their profession. But education is intended to benefit the entire personality as well as train specifically, so that it was probably at this point that President Doherty of Carnegie Institute was prompted to ask: “To what end will professional men direct their energies and abilities.”

Let us consider professional men as a group. The lawyer sees his client only when the client is in need of legal advice, but he rarely sees the client

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regularly over a lifetime, or, as with us, twice a year. The doctor sees his patients when they are sick, but the patient will go for years without medical attention. The engineer sees those who work for him and with him, but he does not have regular visits with units of families who may approve or disapprove of his deportment. The architect sees even fewer people than the others. The teacher—probably the most significant of all the professions—has profound impact on the life of the child and young man, but he loses touch when the boy graduates. The dentist, however, is in contact with the child, the boy or girl, the husband and wife, the father and mother, the family throughout their entire careers. Now then, what influence, what impression, what stimulation has he left with them? Is it only that he or she was a skilled technician? Or has he left something of himself—a professional man or woman, possessing an advanced degree of educational standard—that would label him not only as an able diagnostician and skilled operator, but as well—as Highet has so tactfully described it—‘an entire developed personality’ that would in the name of dentistry help develop well, a pattern in our national life.

Outside the clergy there is no profession where people are so constantly in contact, over so long a period of time and so regularly as in the dental profession. The dental public health slogan,—“See your dentist twice a year”—has just about achieved its goal and thousands upon thousands of families across Canada and the United States do just that, but are we just going to offer them technical knowledge alone? Or are we going to offer not only highly developed masters of the art and science of dentistry but as well entire personalities that by virtue of the fact they have been provided with the qualities of the mind that have made them professional men—graduates of schools of learning—university men and women—they are equipped to assist their less fortunate brothers to weigh the consequence of acceptable or rejectionable decisions.

It is high time that professional men and women—of all professions—graduates of universities—make known their abilities, make felt on society the influence and wisdom of their advanced education and stop trying to ape the material artists by trying to impress society with dollars and cents as a substitute for wisdom and prestige.

All this in reality means that the dental professional man, because of his advanced degree of educational training, and because of his close contact with the public is in a preferred position among professional men to have a profound influence on the pattern and the thinking of national life.

In our profession we have so many men and women who by their splendid example of scientific knowledge combined with the qualities of citizenship and the faculty of knowledge that has made them a complete and developed personality, their judgments are sought, their opinions are respected, and society or the public has placed them among the spirited servants of its time. Isn't it fair to ask—“Can't we have more?”

If I were sitting where you are, the first question I would want to ask is—"Well, how do you think we can change or improve all this?" In my immaturity I cannot tell you, but the critics from every sphere of activity, from digging ditches to building empires, have given us the answer, it is simply EFFORT. — Now what can we ourselves do in respect to this matter of effort? Obviously, the whole issue of our human destiny or fate comes back in the end to our own individual selves. No matter how much we are influenced by the institutions and customs of our times, there is in every one of us a margin—a little to spare, as it were—for individual initiative and effort. That is why we individually get along. But one thing is certain, that the sum total of all these individual margins for initiative and effort can make the difference between a profession bounded only by the limits of its own professional thinking, or a profession (or profession as a group) headed for a world of creative achievement.

In this present era where every phase of development in our national life is spiced with a note of security, it is not beyond the realm of imagination to assume that all is well. But the challenge to the professions as to their ends can not be assigned alone to a committee or an executive for its disposition. It is through a profession or through professions by which the solutions will come.

And so in dentistry, as in other professions, there are problems that are forever challenging the very structure of our professional existence. In those problems it has been observed that the greatest professional vice is indifference or the idea of "let George do it". The greatest professional hazard is complacency. So then to what end are we directing our energies?

The case for the professions does not rest essentially on their numbers, or their techniques, or their balance sheets, or their administrations. The case rests primarily on the men and women of our profession and of all professions to use their individual vision, their individual wisdom, and their individual efforts to set the pattern and in so doing, chart the course for our profession, and for professions for the future.

PRESENTATION OF HONORARY MEMBERSHIP

President Anderson: One of the very pleasant duties that falls to the office of the President is the presentation of honorary membership in the Canadian Dental Association. Very few hold such honorary membership, and it is held only for those who have made meritorious contributions to their profession. If ever such an award was merited, it is on our member who is being honoured today. It is my proud prerogative to confer, on behalf of the Canadian Dental Association, such an honorary membership on Dr. Harold Keith Box, my former teacher and long-time faculty confrere at the University of Toronto. He has met all the requirements and the many facets of his ability have justified our recognition in full measure.

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His international reputation has brought honour to Dentistry and to Canada, and while we may recognize our indebtedness to him today primarily for his brilliant accomplishments in the field of pathological research, he merits our recognition for his ability as an author, a teacher, a gifted clinician, or even as an artist, or a philosopher.

Dr. Box is unable to be with us today on the advice of his physician, but we may be assured that he is with us in thought. We have with us today instead his son, Dr. Keith Fenton Box, who is also a dentist in his own right. I would ask him to please come forward.

Keith, it is an honour and a privilege for me to be able to present to your father through you, this Honorary Membership in the Canadian Dental Association. It is our tribute to him for his many contributions to dentistry, and may I assure you that it bears with it the gratitude, esteem and affection of his dental colleagues.

PRESENTATION OF PORTRAIT

President Anderson: Now further to the recognition of our honoured member today, one of the most pleasant assignments that could fall to any President has been assigned to me by a number of sincere friends and well-wishers of our honorary member, Dr. Harold Keith Box.

At the close of the present academic year Doctor Box will retire as Research Professor in Periodontology at the Faculty of Dentistry, University of Toronto, after 41 years of distinguished service to his Faculty and to Dentistry.

Dr. Box graduated in Dentistry in 1914, and even in embryo showed evidence of the scientist that was later to develop. He immediately accepted a scholarship in Pathology, and the same year won the Research Medal and Prize of the Canadian Oral Prophylactic Association in Oral Pathology against all comers, an outstanding accomplishment for a young man just out of school. Five years after graduation he received his Doctor of Philosophy degree in Pathology at Toronto, being the first Canadian dentist to achieve this degree and probably the first individual in Canada to receive the Ph.D. degree in Pathology. In 1915 he accepted a part-time appointment in Pathology at the School of Dentistry of the Royal College of Dental Surgeons, which developed to the Professorship of Dental Pathology and Periodontology in 1920.

Since that time his progress has been phenomenal and recognition of his accomplishments have been many and world-wide. He is a Fellow of the Royal College of Surgeons of England and also a Fellow of the Royal Society of Medicine of England, a Fellow of the Royal Microscopical Society of England, and was the first Fellow of the American Academy of Periodontology in 1919. He is an Honorary Member of practically all major dental organizations, and has been the recipient of the Canadian Dental Research Medal, the Jarvie Fellowship Medal and the Fones Memorial Medal. He was also President of

Honour of the Section for Periodontal Diseases, XIth International Dental Congress, London, 1952.

His accomplishments merit our recognition, and many of you have already generously supported this objective. The gesture is particularly appropriate at this meeting, of which the watch-word is "Research".

Keith, I would again ask you to come forward and accept this portrait on behalf of your father. Its accomplishment has been realized through the gratitude and the appreciation of his colleagues throughout Canada. It is our tangible expression of thanks for the benefits he has given us and conveys also our heartfelt good wishes for him, for all the days to come.

(Applause)

Dr. Keith F. Box: Mr. President, Honoured Guests, Ladies and Gentlemen: I accept this portrait and the Honorary Membership in the Canadian Dental Association on behalf of my father and his family. He has asked me to express his profound gratitude to all of those who have made this signal honour possible.

I can assure you that our family also is this day deeply conscious of this fine tribute. It is my father's wish that the portrait be presented at this time to the University of Toronto.

(Applause)

President Anderson: Dean Ellis, will you come to the microphone, please, and receive this portrait in the name of the University.

Dean Roy G. Ellis: Mr. President, Mrs. Box, Members of the Family, Honoured Guests, Ladies and Gentlemen: I count it a double privilege to be in the position of accepting this portrait of our colleague, Harold Keith Box—first of all, a personal one, because back in 1927 and '28, when as a young graduate in practice in Australia, looking for a place to spend a year to do some post-graduate work, the names of two men had reached international fame, and indeed had reached that far away country down under, and those two men were W. A. Cummer and Harold Keith Box. And while my friend with whom I was practising at the time was a Philadelphia graduate and was most anxious that I should go there, I can assure you the decision finally rested on the fact of the reputation that these two men had established overseas and in an international sense.

So, personally, it is a real privilege to act in the capacity of receiving this portrait on behalf of the Faculty of Dentistry and of the University of Toronto.

In the second place it is a privilege to receive it on behalf of my colleagues because we hold Harold Box in the highest esteem and I can assure you this portrait will receive an honoured place, both in the halls of the present building and the edifices of the future.

Thank you very much indeed, Keith, and we do appreciate this honour you have presented to us in the portrait of your father.

(Applause)

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INSTALLATION OF NEW PRESIDENT

Dr. John Clay: Mr. President, Dr. Taggart, Distinguished Guests, Ladies and Gentlemen: It is an honour, and particularly a pleasure for me to be given the privilege of installing in the high office of President of the Canadian Dental Association, Reyburn R. McIntyre. For many years I have been in close association with him, and I may also say with his very nice wife, Sybil, who sits before me. During that time I have watched his growing skill and his knowledge in his profession and his continual service for the advancement of Dentistry and his fellow practitioners.

While the young man who is now known throughout Canada as "Mac" was born in Eastern Canada, he hastened at a very early age, as soon as he was aware of this disadvantage, to move out West. With his family he settled in Manitoba. After obtaining his matriculation, he began the study of Dentistry. This was interrupted by his entering the Army in the First World War, and shortly after he completed his course and graduated from the University of Toronto.

After a few years practice at Morden, Manitoba, he moved to Calgary. Following some years of general dentistry, Dr. McIntyre limited his practice to orthodontia, and was awarded the first Specialist Diploma from the University of Alberta.

I would like to just digress a moment and express to the young blood of the organization, those specialists in Orthodontics who now take the field, and apologize for saying "Orthodontia", but we of the older school aren't quite able to change our ways and our nomenclature, so I will still stay with "Orthodontia", with my apologies to these young men.

During the Second World War, Dr. McIntyre was in charge of the Department of Orthodontia of the University of Alberta, commuting from Calgary to Edmonton until the year 1947. Since then he has held the appointment of Honorary Lecturer in Orthodontia.

He has been President of the Calgary Dental Society and the Alberta Dental Association, and for some years has been the representative on the Board of Governors of the Canadian Dental Association, the representative from the Province of Alberta.

He was the first Chairman of the Orthodontic Section of the Canadian Dental Association.

Since retiring from practice in 1953, he has devoted a great deal of time to the development of preventive orthodontic treatment throughout Alberta.

He is a Fellow in the International College of Dentists, and is continually active in advancing the profession of dentistry.

I would like Dr. McIntyre to stand.

Dr. McIntyre, you are now to be installed as President of the Canadian Dental Association for the coming year.

You will have many problems, and many hours of labour which will require wisdom, patience and energy. Many of the men here know your capacities. To those who do not, I can say with assurance that when your term is ended, and the record complete, our Association will have passed another mile-stone on the road to greater strength and usefulness.

(Jewel of Office placed on Dr. McIntyre).

I present to you the new President of the Canadian Dental Association.

(Applause)

President-elect McIntyre: Mr. Chairman, Honoured Guests, Ladies and Gentlemen: I want, first of all, to thank Dr. Clay for his kind remarks. I am more flattered at the things he did not say—he had ample choice. But I am still not too old to be flattered.

I read something the other day and I quoted it to one or two of you here. It was a remark of Arthur Godfrey when someone said, "We are all one day older than we were yesterday." He said, "I am glad I am getting older—if I wasn't getting older I would be dead."

Now, you will all sympathize with me, I am sure, in my inability to adequately express my appreciation of the honour that has been accorded me. I feel lucky though in the fact that I shall have with me during the next year—well, I shall say now, I think the members, excluding myself, are the finest executive committee the Canadian Dental Association has ever had, and we have an extraordinarily fine Board of Governors. We have a number of very excellent committee men, the Chairmen and their members.

The Dental Profession of Canada, I, personally, think is in a better condition than it has ever been, and I am saving the good wine until the last. All of you realize, I hope, the great asset we have in our present permanent Secretary, Dr. Gullett.

(Applause)

Now, to all of you people again, my very sincere appreciation. I am going to say our very sincere appreciation, because my wife sits over here. She, too, is in on this, you know. Her name is Sybil and she would appreciate it if you would call her that.

Now, I have been allotted a matter of three minutes and I am quite sure it is up. Again, my appreciation.

(Applause)

Dr. John Clay: Thank you Dr. McIntyre.

PRESENTATION TO DR. ANDERSON

Dr. John Clay: As temporary chairman of this meeting, I have another duty. The installation of a new President is a high moment in the life of the Canadian Dental Association. For the retiring President it is the laying down of the reins,

ASSOCIATION MEETING

and the end of an arduous period of service in his profession. He joins the group of men, some fifty strong, who through the years have given their best to build from nothing the dynamic Association of which we are so proud.

I would not suggest, nor would Dr. Anderson, our Chief Officer for the last year, that the great progress and honoured position which has been achieved, has come only from the Presidents, nor do they come only from the President and the General Secretary, whose wise counsel and unfailing energies sustain and guide. While they lead, and lead well, I should like to pay tribute to the men who have contributed so much to the advancement of our Association.

I should like to repeat a few lines from a Greek poet which were quoted at the University of Toronto a short time ago:

Not by her houses neat, nor by her well built walls,
Nor yet again by docks nor street, a City stands or falls,
But by her men.
Not by the joiner's skill, nor work in wood or stone,
Comes good to her or ill,
But by her men alone.

You, Dr. Anderson, have been a leader of able and loyal men for the past year. For many years you have been a great teacher and a friend of the men of the profession of dentistry from far-flung coast to far-flung coast.

Here in the centre of Canada and in your own home, we join in thanking you for your self-sacrifice and inspiration to the members of our profession. Your term as President ends with the sure knowledge that under your leadership the Profession of Dentistry in Canada has moved forward. This has been a noble year of achievement and it gives me great pleasure to speak for our members, and to 'Thank you' for all you have accomplished.

It is now our pleasure to present you with the Past President's Medal of the Canadian Dental Association. Your contribution to Canadian Dentistry has been great, and I am sure that you will continue to be a guide and inspiration in the years to come.

May I ask Mrs. Anderson if she will stand for a moment.

As far as the many activities of the last year, and the long journeys throughout Canada are concerned, you have helped bear the burden, even though somewhat in the dim background. You have been a full partner in the service "P.G." has given to Dentistry in Canada—an equal sacrifice has been yours, and equally we thank you.

I will now ask that the Past President, P. G. Anderson, should be given the Jewel of a Past President. This is in recognition of the past year's work,

and I would propose that Jewel should be given to him now.

(Past President's Jewel presented to Dr. Anderson).

I also on behalf of the Canadian Dental Association and in recognition of the services of both Dr. Anderson and Mrs. Anderson, ask you to accept this (a silver tray) as a remembrance of this year and of our appreciation of all you have both done for us.

(Silver Tray presented to Dr. Anderson).

Past President Anderson: I am just caught a little bit off key here, but thank you very much, Dr. Clay, for your kind words, and your kind thoughts.

I suppose perhaps I could have ruled this out of order, but since it has happened, may I tell you that I appreciate this, as does Mrs. Anderson, who has worked with me for the past year so well, and I shall treasure it and honour and respect it.

And now may I say just a few words for myself.

I want to thank all of you for your many kindnesses—the Board of Governors, the Executive, the Committee Chairmen and the Committee Members, and the wives of all of these. All of you people have been so kind and thoughtful in our term of office, and my wife and son, who have been so patient in my many absences. To all of you, 'Thank you, and thanks again'.

The meeting adjourned at 2.15 p.m.

TRANSACTIONS
OF THE
CANADIAN DENTAL
ASSOCIATION



ANNUAL MEETING
BANFF, ALBERTA
MAY 30th - JUNE 2nd, 1956

TRANSACTIONS
OF THE
CANADIAN DENTAL
ASSOCIATION



ANNUAL MEETING

BANFF, ALBERTA

MAY 30th - JUNE 2nd, 1956

TRANSACTIONS
CANADIAN DENTAL ASSOCIATION
ANNUAL MEETING
BANFF, ALBERTA
MAY 30th - JUNE 2nd, 1956

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ATTENDANCE AT BOARD OF GOVERNORS MEETING

Banff, Alta., May 30-June 2, 1956

	1st Ses. Wed. May 30 10 a.m.	2nd Ses. Thurs. May 31 2 p.m.	3rd Ses. Fri. June 1 9 a.m.	4th Ses. Fri. June 1 2 p.m.	5th Ses. Sat. June 2 9 a.m.	6th Ses. Sat. June 2 2 p.m.
<i>Board of Governors:</i>						
Anderson, P. G.	V	V	V	V	V	V
Dewis, G. M.	V	V	V	V	V	V
Duffy, L. I.	V	V	V	V	V	V
Fleming, H. B.	V	V	V	V	V	V
Janes, F. A.	V	V	V	V	V	V
Johnson, K. M.	V	V	V	V	V	V
Keenan, M. V. J.	V	V	V	V	V	V
Langmaid, W. J.	V	V	V	V	V	V
Langlois, Remy	V	V	V	V	V	V
McIntyre, R. R.	V	V	V	V	V	V
Miller, Wm.	V	V	V	V	V	V
Racey, A. G.	V	V	V	V	V	V
Strachan, C. L.	V	V	V	V	V	V
Whyte, J. P.	V	V	V	V	V	V
Winn, R. O.	V	V	V	V	V	V
Zimmerman, J.	V	V	V	V	V	V

Chairmen of Committees:

Cameron, A. A.	V	V	V	V	V	V
Charette, R.	V	V	V	V	V	V
Ellis, R. G.		V	V	V	V	V
Lowery, R. P.	V	V	V	V	V	V
Martin, F.	V	V	V	V	V	V
McLean, J. D.		V	V	V	V	V
Nikiforuk, G.	V	V	V	V	V	
Phillips, S. J.	V	V	V	V	V	V
Powell, H. B.	V	V	V	V	V	V
Poyntz, A.	V	V	V	V	V	
Reid, H. W.	V	V	V	V	V	V
Rooney, R. A.			V	V	V	
Skilling, H. R.	V	V	V	V	V	V
Tanner, D. M.	V	V	V	V	V	V

Editors:

Dunn, W. J.	V	V	V	V	V	V
de Montigny, G.	V	V	V	V	V	V

ATTENDANCE AT BOARD OF GOVERNORS MEETING

Banff, Alta., May 30-June 2, 1956

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Section Chairmen:

Hamilton, W. S.	v	v	v	v	v	v
Lepine, L. P.	v		v		v	

Members:

Brooks, L. K.				v	v	
Brown, H. K.	v	v	v	v	v	
Chegwin, A. E.	v	v	v	v	v	v
Christou, Van E.					v	
Clay, J. W.					v	
Climo, C. B.	v	v	v	v	v	
Cline, Harold M.					v	v
Cowan, Margaret					v	
Duncan, J. A.		v	v			
Eastwood, B. J.					v	
Godfrey, R. J.	v	v	v	v	v	v
Groff, E. E.		v	v	v	v	
Haryett, R. D.					v	
Kendall, P. J.				v	v	
Kohli, F. A.	v	v	v	v	v	
MacLachlan, L. E.	v	v	v	v	v	v
McCombie, F.	v	v	v	v	v	
Miller, Gordon					v	
Mitchell, W. F.					v	
Perry, R. M.					v	
Plamondon, V.		v				
Quigley, W. A.		v	v	v		
Street, G. W.					v	
Swann, G. C.					v	

Others:

Lyons, Harry, Richmond, Va., U.S.A. President-elect, A.D.A.						v
Myint, Kyee, Rangoon, Burma Vice-President, Burma Dental Association					v	

BOARD
OF
GOVERNORS

OFFICIALS

1955-56

(For 1956-57 Officers see page 230)

Officers

<i>President</i>	-	-	-	-	-	-	-	R. R. McINTYRE, Calgary, Alta
<i>Immediate Past President</i>	-	-	-	-	-	-	-	P. G. ANDERSON, Toronto, Ont.
<i>President-elect</i>	-	-	-	-	-	-	-	A. G. RACEY, Montreal, Que.

Executive

R. R. McINTYRE, P. G. ANDERSON, K. M. JOHNSON

A. G. RACEY, G. M. DEWIS

Board of Governors

WM. MILLER	-	-	-	-	-	-	-	718 Granville St., Vancouver, B.C.
R. R. McINTYRE	-	-	-	-	-	-	-	3027 - 3rd St. W., Calgary, Alta.
J. ZIMMERMAN	-	-	-	-	-	-	-	810 Greyhound Bldg., Calgary, Alta.
J. P. WHYTE	-	-	-	-	-	-	-	Swift Current, Sask.
K. M. JOHNSON	-	-	-	-	-	-	-	314 Somerset Bldg., Winnipeg, Man.
P. G. ANDERSON	-	-	-	-	-	-	-	170 St. George Street, Toronto, Ont.
M. V. J. KEENAN	-	-	-	-	-	-	-	7 Cedar St., Sudbury, Ont.
W. J. LANGMAID	-	-	-	-	-	-	-	167 Simcoe St. N., Oshawa, Ont.
C. L. STRACHAN	-	-	-	-	-	-	-	260 Queens Avenue, London, Ont.
R. O. WINN	-	-	-	-	-	-	-	Medical Arts Bldg., Kitchener, Ont.
G. RATTE	-	-	-	-	-	-	-	140 rue St-Jean, Quebec, P.Q.
A. G. RACEY	-	-	-	-	-	-	-	1414 Drummond, Montreal, P.Q.
H. B. FLEMING	-	-	-	-	-	-	-	154 Highfield St., Moncton, N.B.
G. M. DEWIS	-	-	-	-	-	-	-	269 Gottingen Street, Halifax, N.S.
L. I. DUFFY	-	-	-	-	-	-	-	Queen Street, Charlottetown, P.E.I.
F. A. JANES	-	-	-	-	-	-	-	92 West Street, Corner Brook, Nfld.

FOREWORD

The reports contained in these Transactions are those presented at the Annual Meeting of the Association held at Banff, May 30th to June 6th. In reality, the work of the Association for the preceding years is presented.

Following the reports in each case will be found the action taken by the Board. In many instances the reports were amended at the meeting. These amendments have been made and the reports appear in amended form.

Endeavour is made to report the work as explicitly as possible for the information of the membership. The issuance of the annual Transaction also creates a reference source of information on matters related to the profession.

21 June 1956.

REPORT OF PRESIDENT TO BOARD OF GOVERNORS

1. Approximately one year has passed since I assumed this position—an honour which I assure you I have appreciated. Many problems have been presented, and by the assistance of those on the Executive, Governors and committee chairmen and members thereof, these matters have been dealt with to the best of our talents. The future may indicate whatever success we may have attained.

2. Board of Governors

(a) Speaking for the Board of Governors, may I now welcome as new members to this Board, Dr. H. B. Fleming of Moncton, N.B.; Dr. M. V. J. Keenan of Sudbury, Ont.; Dr. W. J. Langmaid of Oshawa, Ont.; Dr. Wm. Miller of Vancouver, B.C., and Dr. James Zimmerman of Calgary, Alta.

(b) To the members who have retired from this Board, we extend our sincere appreciation of their past efforts and contributions, and solicit their continuing support and guidance. May their days be many of "Good Health and Happiness".

3. Visitations

During the past year, Dr. Gullett and myself have visited all the Provinces of Canada. Our efforts have been "Educational", but I assure you that without the presence of Dr. Gullett, the results would have been negligible. Under a further heading this important matter will be dealt with more fully.

4. Committees

Owing to the fact that where I reside, it was not possible to attend the numerous committee meetings held at headquarters, Dr. Gullett has kept me informed concerning their activities, which each chairman will report in detail for your deliberations. You realize that all committees are important, but certain ones, in these rapidly developing days of National Health Insurance, are burdened with ever increasing duties. To these we are especially grateful for their splendid efforts. And to the chairmen and members of each committee we are indebted, and extend our sincere thanks.

5. Association Sections

This year your Executive has recommended to this Board, the admission of a new section, known as the "Canadian Society of Dentistry for Children". It is my sincere hope that this group will receive admission at this meeting, and that in the future, the Canadian Dental Association and the Board of

PRESIDENT

Governors will offer continuous support and assistance to this group of young and enthusiastic practitioners.

6. Honorary Members

In conjunction with the Chairman of the By-laws Committee, your Executive has made an effort to facilitate the election of Honorary Members to the C.D.A. This will require an alteration in the By-laws, which will be submitted at this meeting, and if approved by this Board, in future the Executive will consider nominations and make the required decisions, in conjunction with suitable recommendations from the corporate body where the candidate resides.

7. The Youth of our Profession

In our visitations during the past year, we were impressed with the "Youth" attending these meetings, which is most commendable, but ALL are not there that should be. WHY? It is suggested that considerable thought be given this important matter. It is essentially a local problem that becomes national in effect. Where dental schools exist, could not a local governor, with the President of the corporate body, inform the student bodies concerning the separate organizations they represent? These representatives have a fund of information—not available in any text, yet very essential to every young graduate.

8. Public Esteem

(a) May I re-emphasize the remarks of Dr. P. G. Anderson, in his report to this Board last year, regarding the formation of a "Long Term Planning Committee".

(b) Dental Health Service has received an ever increasing prominence during the last decade, attributable mainly to two factors, namely, National Health Insurance, and the topic of Fluoridation. The latter, like many other preventive health measures has met with considerable opposition, but on a national basis progress is reported. As a national health organization is it desirable to establish some committee or agency, to examine present activities and wherever possible make recommendations for change which will lead to improvement.

9. Responsibility of Governors

During the past year an effort has been made to have each Governor take a more active part in the affairs of this Association. The reports, while not complete, have been gratifying, and my thanks is extended to those who have offered criticisms and helpful suggestion. Should this policy have any merit, may I suggest it be further developed. The Executive and Secretary endeavour to conduct the business of this Association, and recommend the results of their deliberations for your consideration. Seldom does a Governor submit to the Executive any suggestions for the betterment of our national

organization. It was suggested at the last meeting of the Executive that a "Committee of Long Term Planning" be established. One reason being such a committee would have opportunity to view the actual work of the Association separately from the Executive. Each Governor would be responsible in reporting to this committee concerning his activities. At the initial stages, in the interest of economy, it would be desirable to have the chairman of a Long Term Planning Committee located near the present headquarters, where he could present to the Executive the information and suggestions received through the various corporate representatives.

10. Dental Laboratories—Auxiliary Personnel

Perhaps this heading should also be directed toward the Council on Dental Education, since that body may well be affected thereby in the future welfare of the profession. You are all aware of the difficulties experienced in varying degrees throughout Canada, concerning laboratories that offer dental services directly to patients, contrary to certain statutes. It is suggested that in the future, considerable changes will occur in the practice of dentistry. With increasing auxiliary personnel, the delegation of some services now performed by the dentist will be done by the hygienist, in the present or some modified form, and possibly with or without the consent and supervision of the profession. The future technician will be a better trained individual, with one or more years of formal instruction, and will enter perhaps to greater extent into the prosthetic field. The result will be that the dentist of the future will require increased basic training to fit him for his new field, which in turn will necessitate an altered curricula in the schools. Perhaps an increased period of university and hospital training will be desirable. The pressure for these services is ever increasing and the development of them will depend on many factors.

11. In closing, I would like to personally thank each Governor for his support during my term of office. To each Committee Chairman and the personnel thereof; the Editor and his staff, and all those who have offered assistance and suggestions during the last year, I tender my sincere appreciation.

12. And finally may I thank our Secretary, Dr. Gullett and his excellent staff, who have borne with my infirmities and many imperfections, with unexcelled fortitude and graciousness.

COMMENT AND RESOLUTION

1. We wish to commend the President and those whom he has included for their concerted efforts during the past year.

2. (a) We concur, and would also extend a hearty welcome to the new members of the Board of Governors.

(b) Agreed.

PRESIDENT

3. We reiterate the tremendous value of the visitations of the President and Secretary.
4. We heartily concur in these remarks.
5. Noted with interest. No comment since this matter will be dealt with in the Report of the Executive Committee.
6. Noted—This matter will be dealt with specifically under the Report of the By-laws Committee.
7. We agree in principle with this section that the professional organizations and representatives foster this suggestion.
8. & 9. Whereas, it is agreed that long term planning is essential to the full growth and development of an association, and
Whereas, continuity of effort expended by individuals with training and experience is essential to guide development in the proper channels, therefore be it
Resolved that as a preliminary step, the Executive be instructed to take as expeditiously as possible the necessary action to consummate an arrangement whereby executive assistance is obtained for the Secretary.
10. Referred to the Committee on Auxiliary Services and the Council on Dental Education.
11. We would also express our sincere appreciation to all who have given so generously of their time and talents during the President's term of office and also to commend the President for an excellent report of his stewardship, realizing the sacrifice of time and energy so gladly given for the welfare of the Association.

We recommend the adoption of the Report of the President with recommendation.

APPROVED

MEMBERS OF NECROLOGY COMMITTEE: *Don W. Gullett, Chairman, Toronto, Ont.; E. C. Jones, Vancouver, B.C.; R. A. Rooney, Edmonton, Alta.; L. J. D. Fasken, Regina, Sask.; J. F. Morrison, Winnipeg, Man.; Denis Forest, Montreal, P.Q.; S. K. Wetmore, Lancaster, N.B.; G. M. Dewis, Halifax, N.S.; Heath McIntyre, Charlottetown, P.E.I.; George P. French, St. John's, Nfld.*

REPORT

Your Necrology Committee reports with regret the loss of the following members since the last meeting.

Abbott, Chester Neterville, R.C.D.S. '94	-	London, Ont.
Allison, Richard John, Northwestern '02	-	Kelvington, Sask.
Armstrong, Vincent Alex, R.C.D.S. '22	- -	Toronto, Ont.
Arnold, Ernest Franklin, R.C.D.S. '03	- -	Toronto, Ont.
Babcock, Archie Burton, R.C.D.S. '17	- -	Toronto, Ont.
Ball, Thomas Earles, R.C.D.S. '96	- - -	Toronto (Wroxeter), Ont.
Bechley, Frank Joseph, R.C.D.S. '16	- - -	Seaforth, Ont.
Black, James Edward, R.C.D.S. '04	- - -	Vancouver, B.C.
Bloom, Al, R.C.D.S. '31	- - - - -	Winnipeg, Man.
Box, Harold Keith, R.C.D.S. '14	- - - -	Toronto, Ont.
Bradley, John W., L.D.S., Manitoba '21	- -	Virden, Man.
Brown, Alfred Carman, R.C.D.S. '24	- - -	Kitchener, Ont.
Brown, John Frederick, Toronto '30	- - -	Winnipeg, Man.
Burke, John A., Dalhousie '12	- - - -	Sydney, N.S.
Campbell, Frederick Albert, Toronto '51	- -	Barrie, Ont.
Carrique, James Henry, R.C.D.S. '86	- - -	Toronto, Ont.
Chudleigh, George A., Baltimore '16	- - -	Halifax, N.S.
Clark, Harry MacKenzie, Oregon '23	- - -	Vancouver, B.C.
Clarkson, Percy Edward	- - - - -	Toronto, Ont.
Clayton, William Barratt	- - - - -	Auckland, New Zealand
Cooper, Frederick Bremner, R.C.D.S. '25	-	Moose Jaw, Sask.
Dance, James	- - - - -	Montreal, P.Q.
Desrosiers, Lionel, Montreal '24	- - - -	Joliette, P.Q.
Dickson, Rollin Oswald, R.C.D.S. '03	- -	Toronto, Ont.
Dyer, Albert Francis	- - - - -	Vancouver, B.C.
Eaton, John Brady, Harvard '38	- - - -	Wolfville, N.S.
Field, Herbert Lindsay, R.C.D.S. '17	- - -	Hamilton, Ont.
Fuller, Leslie L., Philadelphia '02	- - - -	Edmonton, Alta.

NECROLOGY

Gagnon, Napoleon	- - - - -	Montreal, P.Q.
Gallagher, Walter Manuel	- - - - -	Vancouver, B.C.
Gibson, C. Ellsworth, R.C.D.S. '23	- - -	Elmira, Ont.
Gilroy, George Frederick, Baltimore '15	- -	Toronto, Ont.
Hackett, T. J., R.C.D.S. '25	- - - - -	Vancouver, B.C.
Hansen, Edward Bellamy, Toronto '47	- -	Deep River, Ont.
Howden, George Noble	- - - - -	Watford, Ont.
Hutchinson, Thomas Harry, R.C.D.S. '18	-	Port Arthur, Ont.
Jackson, C. J. F., R.C.D.S. '05	- - - - -	Winnipeg, Man.
Jackson, Joseph Edgar, R.C.D.S. '23	- - -	London, Ont.
Jamieson, A. Eldon	- - - - -	Edmonton, Alta.
Jemison, Arthur, R.C.D.S. '01	- - - - -	Millbrook, Ont.
Kennedy, Hugh John, Toronto '26	- - -	Regina, Sask.
Kennedy, Stephen Murton, R.C.D.S. '00	- -	London, Ont.
Kroshus, George Levor, Northwestern '14	-	Assiniboia, Sask.
Laberge, Gerard	- - - - -	Montreal, P.Q.
Laberge, Xiste, Montreal '12	- - - - -	Montreal, P.Q.
Lankin, Howard Sheldon, Toronto '38	- -	R.C.D.C., France
Lapointe, Elzear	- - - - -	Montreal, P.Q.
Lemon, Cecil Lee, U.S.C. '26	- - - - -	Vancouver, B.C.
Mabee, Lewis Mortimer, R.C.D.S. '96	- -	Goderich, Ont.
Mackenzie, Robert Bruce, Toronto '41	- -	St. Catharines, Ont.
MacQueen, Joseph Wallace, Detroit '02	- -	Edmonton, Alta. and Vancouver, B.C.
Marten, Daniel John, Toronto '52	- - - - -	Toronto, Ont.
McCabe, William George, Bishops '99	- -	Valleyfield, P.Q.
McGorman, William Thomas, R.C.D.S. '93	-	Port Arthur, Ont.
McGuire, George Albert, Maryland '92	- -	Vancouver, B.C.
McIntosh, Donald Keough, R.C.D.S. '12	- -	Blind River, Ont.
McIntyre, Harry Addison, R.C.D.S. '23	- -	Clinton, Ont.
McKee, Eldon Clifford, R.C.D.S. '18	- -	Peterborough, Ont.
McKellar, H. E., Northwestern '16	- - -	Carlyle, Sask.
McLaughlin, Charles Ernest, Maryland '03	-	Halifax, N.S.
McNally, Thomas Joseph, Montreal '31	- -	Montreal, P.Q.
Melançon, Jean Baptiste, Montreal '20	- -	Montreal, P.Q.
Miles, Frank Bruce, Tufts '03	- - - - -	Cranbrook, B.C.
Mitchell, William Fraser, R.C.D.S. '22	- -	Olds, Alta.

Moore, John Howard, R.C.D.S. '12	- - -	Lacombe, Alta.
Morrow, Arthur Burrows, Toronto '29	- -	Ottawa, Ont.
Mowry, Daniel Prescott, McGill '17	- - -	Montreal, P.Q.
Nicol, David, Alberta '35	- - - - -	Calgary, Alta.
Nutlay, Alexander Gordon, Dalhousie '40	-	Halifax, N.S.
Olivier, L. J. J.	- - - - -	Montreal, P.Q.
Pineo, Clifford Masters, Oregon '25	- - -	Port Alberni, B.C.
Provost, Thomas Arthur, R.C.D.S. '21	- -	Ottawa, Ont.
Rice, Lorne Granville, Oregon '22	- - -	Golden, B.C.
Robinson, John Alexander, R.C.D.S. '24	- -	Niagara Falls, Ont.
Rowell, Watson J., Bishops '01	- - - -	Ormstown, P.Q.
Roy, Donat, Montreal '23	- - - - -	Quebec City, P.Q.
Salter, Arthur Pellow, Pennsylvania '09	- -	Victoria, B.C.
Schumacher, Leo, R.C.D.S. '23	- - - -	Toronto, Ont.
Sloan, Orr H., Chicago '17, Alberta '18, Toronto '34	- - - - -	Weston, Ont.
Sprott, Robert John, R.C.D.S. '00	- - -	Barrie, Ont.
Taylor, Deans Elliott, R.C.D.S. '11	- - -	Tillsonburg, Ont.
Taylor, John Fraser, R.C.D.S. '05	- - -	Winnipeg, Man.
Teal, Glenn Evelyn, R.C.D.S. '21	- - - -	Ridgeway, Ont.
Thompson, Edgar Linton, R.C.D.S. '09	- -	Vancouver, B.C.
Towne, Alfred John, McGill '27	- - - -	Vancouver, B.C.
Toye, Maurice Eugene, Toronto '36	- - -	Toronto, Ont.
Warren, C. C.	- - - - -	Pointe au Pic, P.Q.
Wilkinson, Henry George, R.C.D.S. '08	- -	Hamilton, Ont.
Wilson, Edwin Herbert, R.C.D.S. '06	- -	Perth, Ont.
Windsor, Clement, R.C.D.S. '00	- - - -	London, Ont.
Wurtz, Wilmot Benton, R.C.D.S. '08	- - -	Toronto, Ont.
Wynne-Jones, Thomas Oswald, R.C.D.S. '23	-	Toronto, Ont.

R E P O R T

1. The following comments are made for your consideration.

The Future:

2. Readers in the broad field of science literature will have long since observed the strongly supported prediction that we are on the threshold of advancement in the biological sciences, to a similar extent or greater than that which has occurred in the physical sciences during recent years. Indeed, much evidence of this portent is apparent. The thinkers in dentistry repeatedly state that the future of dental science lies in the field of biological sciences. To keep abreast of the rapid development, to select the areas of significance to dentistry, and to adopt these fruits to the science of dentistry will tax all the resources of the profession. The potentialities of these biological developments will change dental teaching and eventually alter the practice of dentistry. In the past, change in professional practice has been most moderate in pace. The rapidity of development in this scientific age, is such that unless the profession constantly seeks ways and means of adopting the new knowledge in an accelerated manner, a concatenation of events can occur which could greatly weaken the position of dentistry as a health science. Scientific leadership, particularly in the biological field, is essential.

Need for Graduate Training:

3. A basic need of the profession, is for a greatly increased number of dentists possessing academic qualification above the undergraduate level. Particularly this is true in the field of dental education. Difficulty is found in finding sufficiently qualified staff for the schools at the present time. As repeated elsewhere at this meeting, teaching facilities are to be increased considerably, necessitating a real increase in the number of dental teachers. The position occupied by a dental school is enhanced by the number on the staff with graduate training. The studentships in preparation for research activity, established by this Association, have assisted in developing a small group of members with such training. However, it would appear that the number is far from adequate in meeting future demands. The Association should consider ways and means in endeavouring to meet this problem.

Recruitment:

4. Need exists for the presentation of a career in dentistry to prospective students. Competition for the potential student today is keen, even among the professions themselves. The economic opportunities offered in industry and commerce are enticing to the young man. Statement has been made that children of the better families receive preventive service hence do not learn

the breadth of dental service and have a tendency to think dentistry narrow. Whereas children of poorer families are more apt to learn the breadth of service through experience and hence show more interest. Examination of the origin of dental students tends to support this observation. Members of the profession have an obligation to present dentistry in its broadest aspects. For the most part, secondary school students only know their own experience. Few know the scope of dental practice and fewer yet know the possibilities in research, teaching and public health where critical shortages exist today. Great effort has been made in obtaining expansion of teaching facilities which will be to no avail without a sufficient number of students. With little effort on the part of individual members, assisted by available subject matter, the profession can be assured of not only a sufficient number of students but also students of proper calibre. The future of the profession largely depends upon the attitude of members on this important matter.

Personnel:

5. The ratio of dentist to population during the last year has worsened. In January 1955 the ratio was one dentist to 2838, and for January 1956 the ratio was one dentist to 2881 of the population. With the continuing increase in the population it is difficult to foresee any correction of this condition until additional graduates begin to appear in the profession from the proposed increased teaching facilities. Cognizance should be taken of the fact that shortage of personnel makes a profession vulnerable to all kinds of suggestions for the introduction of partially trained personnel. This is one of the basic reasons for recurring proposals of legislation in the legislature, detrimental to dentistry. A profession is in a safer position with personnel slightly in excess of demand.

Publications:

6. As wheels are to a locomotive so are publications to an Association. Policies adopted or actions taken must be made known in order to have recognized value. The interpretations of adopted policies should find way into the various phases of the work of the Association and be exemplified through publications. The steam to move the wheels is represented by the effort made to carry out such objective.

7. The distribution of literature in the form of pamphlets during the past year far exceeded that of any previous years. A demand exists for appropriate literature. This flow of literature could be substantially increased, particularly in the dental health area, by the production of new additional publications. The development of suitable subject matter is a difficult task. First, the statements must be accurate with proven scientific back-ground. Secondly, the reading matter must be adjusted to the intended readers. In attempting to meet these conditions effort has been made to establish consultants to whom the text is referred for review before publication.

SECRETARY

8. Canadian dentistry has a story to tell, which should be spread both within and without the profession. It is hardly to be expected that others will do the task for us.

Income Tax Matters:

9. As anticipated at the last Annual Meeting, the courts ruled against the deductibility of convention expenses for members of the dental profession, under the terms of the Income Tax Act. Presupposing this action, procedure was prepared in advance to immediately make every endeavour to secure amendment to the act. The resolution on this point passed at the annual meeting last year proved helpful in this respect. Through cooperative action with the Canadian Medical Association, success in securing such amendment was secured. The amendment makes convention expenses incurred during 1955 and future years deductible. Emphasis should be placed upon members for adherence strictly to the regulation covering this matter. Attempts to claim allowances not covered in the regulation make for difficulties, which jeopardize the position of the whole profession.

10. Effort was continued in the endeavour to secure deductibility of pension payments from taxable income. A memorandum was prepared and presented to the Minister of Finance in person. Unfortunately, the government did not see fit to take any action on this important matter. Other national professional associations also presented memoranda on the subject. Taxation has become a most complicated subject which requires the advice of experts and we are indebted to Mr. Williamson of the C.D.A. Pension-Assurance Plan for valuable assistance in this matter. It would appear that changes which occur in the personal income tax field in Great Britain and the United States have considerable effect with Canadian authorities. Efforts on this subject are occurring in both these countries which have been unsuccessful to date. Opinion has been expressed that the coming years will be a most appropriate time to seek amendment for this deductible item and the intention is to pursue the matter cooperatively with other national professional bodies and also by this Association as an individual organization.

Administration:

11. The Association has worked with very little change under the arrangement established some sixteen years ago. The time is not far distant when of necessity study should be given to alteration to meet the increasing work. The size of the Board of Governors has increased while the number on the Executive has remained constant. In accordance with the adopted policy the Executive is responsible for conducting the actual business of the Association, and also making decisions between meetings of the Board of Governors. The size of the present Executive makes it a rapidly changing body. A reasonable increase in number would bear a better relationship to the Board and establish better stabilization. Such action would necessitate amendment of the by-laws.

Conclusion:

12. While this Association, as the name indicates, primarily represents the dental profession and naturally concerns itself with matters related to dentistry, a wider concept of purpose should not be lost sight of. Canada, as a nation is growing, economically and otherwise, at an exceedingly rapid pace and through our activities we, as citizens, should constantly think in terms of contribution to our national life. Such widened concept demands that we not only fulfil our obligations to the profession but to the nation as a whole, both as an association and as individuals. All of which tends to make Canadian dentistry a fulgent profession.

13. The effort and sacrifice made by officials, chairmen and committee members and the enthusiasm displayed by individual members during the past year has contributed greatly to the advancement of the profession. Comments by individual members indicate great appreciation.

COMMENT AND RECOMMENDATIONS

1. We again wish to record appreciation to the Secretary for his splendid contribution to Canadian Dentistry and for his untiring efforts on behalf of the Association.

2. We agree.

3. Not only should the dental teacher have more than the usual scientific qualifications, but his experience should include training in the field of pedagogy.

We agree wholeheartedly that there is a need for additional qualified dental teachers. The shortage is becoming increasingly acute. We recommend that the Executive take steps to secure additional financial assistance for the training of dental teachers in order to supplement the extremely valuable studentships which now exist.

4. This is an exceedingly important subject, which is the joint responsibility of our professional organizations, the dental schools, and the individual members of the profession. Each of these should be encouraged to do everything possible to recruit more and better candidates for the profession.

It is recommended that the Council on Dental Education and the Public Relations Committee prepare additional information to assist in the recruitment of candidates. The following suggestions are offered:

- i. Information on what is presently being done on recruitment should be collected.
- ii. High school counsellors should be assisted, so that they might be better informed about the scope of the profession of dentistry.

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- iii. Members of the profession might be delegated to act as advisors to prospective students in various localities.
5. The progress in the securing of additional teaching facilities is gratifying, but there must not be any slackening in our efforts to encourage the establishing of additional dental schools. It is unlikely that the additional graduates from the presently projected schools will improve the ratio of dentists to population over that obtaining in Canada some thirty years ago, and the demand for the services of dental personnel is continually increasing.
6. We concur.
7. & 8. We agree—points to the need for additional executive assistance at our headquarters.
9. We commend most highly.
10. Commendable efforts. We recommend that particular thanks for his assistance be conveyed to Mr. Williamson.
11. In order to provide greater continuity to the work of the Executive, we recommend that the number of elected members of the Executive be increased from two to four, and that the By-laws Committee be instructed to submit suitable amendment to the **Constitution and By-laws**.

MOTION: Winn - Langlois:

“Resolved that two members be added to the Executive which would increase the present number from five to seven and that this resolution be taken under advisement by the Nominating Committee in order that two co-opt members be added to the Executive at this meeting.”
It is suggested that additional and/or longer Executive meetings be held, as may be considered necessary.

12. Agreed.
13. Gratifying.

We advise the adoption of the report of the Secretary and the above recommendations.

Approved

MEMBERS OF EXECUTIVE COMMITTEE: *R. R. McIntyre, Chairman, Calgary, Alta.; K. M. Johnson, Winnipeg, Man.; P. G. Anderson, Toronto, Ont.; A. G. Racey, Montreal, P.Q.; G. M. Dewis, Halifax, N.S.*

REPORT

1. Immediately following the last meeting of this Board, the newly elected Executive held a brief meeting. A second meeting was held at headquarters February 13-15 this year. Compared to previous years, an extra day was added, which proved inadequate to deal with some thirty items on the agenda, some of these having five to seven sub-headings. Again I suggest that consideration be given to the formation of a Planning Committee that should aid in future direction to an ever changing Executive.

2. Finance

(a) The subject of finance will interest all of you. The preparation of a financial report takes many hours of concentrated effort. At this time I would like to personally, and also on your behalf, thank Dr. S. J. Phillips, Chairman of the Finance Committee for his splendid services during the past several years. His report indicates his particular talents in this important field. Permit me to make one suggestion namely, the desirability of EARLY establishing the reserve fund to an amount where stability is evidenced, and continuity of present and future planning is assured.

(b) The budget for 1957 was approved for presentation to this Board.

(c) The auditors' statement for 1955 was also approved, and the firm of Thorne, Mulholland, Howson and McPherson, chartered accountants, was appointed auditors for the coming year.

3. Membership

Work at headquarters is considerably increased by delays and in submitting lists of members by the secretary of some of the corporate members. Our Secretary is therefore unable to issue membership cards for the C.D.A. promptly, and as a result is open to a certain amount of unjust criticism. It is suggested that each Governor assume his responsibility in this important matter, he being more conversant with the local situation.

4. Pension Assurance Plan

At the last meeting of the Executive, Mr. E. L. R. Williamson presented his report, which indicated very commendable progress. May I recommend your careful perusal of this report presented at this meeting, and enlist your active support in the furtherance of this very worthwhile project. (See Appendix A.)

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5. Hospital Dental Services

A matter of increasing concern is the relationship between the dentists who are rendering services in hospitals, and the hospital administration. It is suggested that immediate study be given this matter. We all realize the differences existing in the various provinces, under hospital and health acts, and it is unlikely that one plan will be applicable to all Canada. Whatever guidance this Association may have, should be readily extended, when requested, toward the betterment of existing local or provincial problems.

6. New Section

Application was made to the Executive for the formation of a new section entitled "Canadian Society of Dentistry for Children." The Executive recommends for your approval, the inclusion of this new section in the C.D.A. Seldom, if ever, have we met a more enthusiastic group of young men. On their behalf we solicit your loyal support. To permit this action it was necessary to recommend change in the regulations for sections. The executive recommends this change as indicated in Appendix B. The application, constitution and by-laws of the Canadian Society of Dentistry for Children as submitted are attached as Appendix C. 1 and C. 2.

7. Convention 1955

An excellent report on the C.D.A. - O.D.A. joint convention held in Toronto May 15-18 last year was presented by Dr. W. G. McIntosh, general chairman. The accuracy of detail indicates the ability of the general chairman. To him, his committee chairmen, and personnel, we extend our sincere thanks and appreciation.

8. Convention, C.D.A. - Alberta Dental Association

Dr. Baden Powell, general chairman, presented his report and budget on the convention to be held at Banff, June 3 - 6th this year. We extended to Dr. Powell and all his committee chairmen and personnel, our thanks and appreciation. The holding of a convention at a resort hotel, removed from the residence of the general chairman, calls for an extraordinary amount of effort and time. At this time we extend our appreciation and thanks to the 1956 Convention Committee for the great effort evidenced in the presented report.

9. Civil Defence

Dr. K. M. Johnson and Dr. D. M. Tanner attended the course on "Civil Defence" at Arnprior, March 5 - 9th last at the invitation of the Minister of Health and Welfare. A report on this matter is presented at this meeting, and our thanks is extended to these gentlemen, who gave this additional time and effort on behalf of organized dentistry in Canada.

10. Housing Committee

Our appreciation is extended to Dr. R. P. Lowery and his committee for their services during the past year, and we solicit their continuing sup-

port. This committee is to be further congratulated in having selected Dr. Lowery as their chairman, who, through his outstanding salesmanship, persuaded the chairman of the Finance Committee, and the Executive, to have the "Housing Committee" relieved of the debt that was owing to the reserve fund.

11. Income Tax

At the time of the presentation of the budget by the Hon. Walter Harris, I am certain that you all read with pleasure, the favourable results in allowing a "reasonable" deduction for attending specified dental conventions. May the dental profession throughout Canada set an example in complying with the existing regulations.

12. Library

Very favourable progress is herein reported. This year a new and revised catalogue will be printed and circulated.

13. International Dental Congress

Considerable discussion and thought was given concerning the advisability of extending an invitation to this Congress, to hold the 1962 Congress in Canada. Your Executive decided that owing to the efforts involved, accommodation, personnel, and the uncertain financial outlay, that it would be unwise to extend an invitation at this time.

14. By-Laws

Dr. J. S. Bagnall, Chairman of this Committee, presented his report which will be dealt with during this session, and the amendments therein submitted for your consideration. Our thanks is extended to Dr. Bagnall and his committee for their efforts on our behalf.

15. Honorary Membership

The Chairman of the By-Laws Committee suggests a change concerning the selection for this signal honour, and this will be submitted for your approval at this meeting. This matter was discussed at the last meeting of this Board. It is our desire that specific action be taken at this meeting. A prominent Canadian dentist is recommended this year for your approval.

16. Installing Officer

Dr. M. H. Garvin of Winnipeg, a Past President of the C.D.A. was appointed installing officer for the annual meeting 1956.

17. Future Annual Meetings

An invitation was received from the College of Dental Surgeons of the Province of Quebec to hold the 1958 Annual Meeting in Quebec province. The invitation was accepted. It has now been determined that the meeting will be arranged in cooperation with La Societe Dentaire de Montreal and held in Montreal on October 1st to 8th, 1958. Owing to the difficulties

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experienced in securing suitable accommodation, the place of meeting needs to be selected several years in advance, preferably five years.

18. War Memorial Essay Title for 1956-57

The Committee submitted the title "A Survey of Recent Developments in Caries Control" and this subject was approved.

19. Omnibus Trust Fund

Certain legal difficulties, related to taxation, arise in establishing trust funds on an individual basis. It is thought that the possibility of establishing some form of omnibus fund should be considered. This matter is worthy of your consideration and discussion. The profession at large, and the Governors in particular, should be alert to the existing possibilities where grants may be made to such a fund without impairing the financial status of a donor, upon the liquidation of certain estates. To accept such funds, certain legal formalities would have to be met. Our Secretary has several personal contacts in this regard, and would be pleased to have assistance in the furtherance of this project.

20. Executive Committee

One of the duties, as Chairman of the Executive Committee, is to outline the major activities of the past year. This I have tried to do, and I now come to a subject which to many of you may appear premature, but to me is considered of major importance, namely, the future appointment of an assistant to our present Secretary. This future assistant will not be an easy task to secure, and I am sure it is your desire, that he be associated with Dr. Gullett for a somewhat indefinite period. The question is, are the ever increasing duties of our Secretary not great enough to warrant assistance in the NEAR future, that he may devote his talents to the furtherance of the profession, and delegate the minor duties. In the opinion of the Executive, the time is near at hand. All too few in this room, and scarcely anyone in Canada realizes the amount of hours and work presently performed by our Secretary. In the interest of his health and general well-being, I urgently ask your consideration of one who has served us so outstandingly for so many years.

21. To the members of the Executive, I personally thank you for your faithful support during the past year, and for your many kindnesses to me during my term of office. And lastly, my sincere appreciation to our Secretary and his loyal and efficient staff, for their never failing assistance and cooperation.

REPORT ON PENSION-ASSURANCE PLAN & BLUE CROSS GROUP FOURTH ANNUAL REPORT

6th February, 1956

The Administrator to the Trustees:

I have the honour to submit, in accordance with your instructions, the following report on the operation of the C.D.A.'s Economic Security Plan over the period 1st March 1955 to 31st January 1956.

The Statistical Addendum reflects the progress of the past year. This progress is reflected in all parts of the Plan and is at about the same rate of increase as in the previous year.

Progress was particularly marked in regard to the C.D.A. National Blue Cross Group in which participation increased by more than 50% to a total of 2,214. The following statistics on this phase will be of interest:

Ratio of claims to premium income	92.1%
Administrative cost	5.0%
To Reserve	2.9%

Attention is called to the fact that any ordinary commercial undertaking would require in the above circumstances a rate increase of approximately 50%: Commissions above would bring costs to 125% of premium income, and the higher commercial administration costs plus need for a higher reserve would require another 25%.

It should be mentioned that there has been one expression of dissatisfaction with the "\$25.00 deductible" feature. It must be stressed, however, that this deductible is the indispensable condition of adequate protection at reasonable cost. On this every authority is agreed. The small deductible undoubtedly is an inconvenience, indeed an annoyance to the man who has two or three small claims in a year; against this must be set the real hardship of the man who has to meet several hundred or a thousand dollars out of his own pocket because of an inadequate protection level. The administration office has received a number of letters expressing appreciation of the "catastrophic protection" benefits under the C.D.A. Blue Cross, and giving practical examples.

The lapse ratio under the C.D.A. Plan continues to be a source of satisfaction. Two only term insurance contracts with a total risk of \$54,520.00 were lapsed during the year under review. This is a lapse ratio of 1.2% in comparison with the ordinary companies, average ratio of 15.0%.

Only twenty-seven members failed to renew their Blue Cross subscrip-

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tions. Some of these appear to have been occasioned by decease of which we were not informed.

The Disability Indemnity portion of the C.D.A. Plan, however, has felt some slight effect of the sponsorship of local group schemes by local Societies and Academies. Six Disability contracts were lapsed with a total protection of \$1,000.00 per month. Greater concern should be felt with regard to the claims which are made in connection with these group schemes, when launched: The advertising frequently is seriously misleading and verbal statements of agents, as reported to the Administration Office, even more so. Group insurance can flag a useful *ancillary* role, especially for the assistance of uninsurable members, but this is completely lost to sight in extravagant claims, unsupported by the terms of the contract, and leading members to place wholly unjustified reliance on them.

Notable examples of the above during the past year are the North American Casualty Plan in Alberta, Saskatchewan, and Manitoba and the Continental Casualty Plan in the City of Toronto.

The most important new undertaking of the year was the project inspired by the President, Dr. R. R. McIntyre: The Dental Students' Insurance Plan whereby students in the Dental Faculties may secure substantial amounts of insurance over the last two years of study and the first three years of practice. This insurance forms the first step in the students' insurance programme, and is fully convertible to the full C.D.A. Plan without evidence of insurability.

The insurance is provided for all ages to 30 at a flat rate of \$3.25 per thousand plus 50c for the total disability waiver of premium. Notwithstanding this very low rate, it was found possible to meet the suggestion of Dr. P. G. Anderson that there be a small accumulated value applicable to the first premium of the permanent contract when conversion is made.

Presentation of the Students' Plan now is in progress with first complete returns from the University of Alberta which, it is a pleasure to report, has a 94% participation.

Finally, it should be mentioned that the inclusion in the symposium questions, for the national tour of the President and Secretary, of one relating to the C.D.A. Plan has borne fruit in frequent reference to it in correspondence, and renewed interest in this phase of the Association's work for the Membership.

As ever, the warm thanks of the Administration Office are extended to you, the Trustees, to the Secretary, Dr. D. W. Gullett and to the Editor-in-Chief, Dr. W. J. Dunn for the support and counsel given generously throughout the year.

Respectfully submitted,

E. L. R. Williamson, Administrator.

**STATISTICAL ADDENDUM
TO
FOURTH ANNUAL REPORT OF THE ADMINISTRATOR**

	1st Mar/55	TO	31st Jan/56
1. Policy-owners Contracts:			
C.D.A. Pension Assurance Plan	518		739
C.D.A. Blue Cross	1,492		2,214
2. Premiums Paid:			
C.D.A. Pension-Assurance Plan\$	205,293.00	\$	309,317.00
C.D.A. Blue Cross	77,808.00		127,886.00
3. Benefits Undertaken:			
(a) Principal Sums Assured:	3,322,739.00		5,332,168.00
(b) Total Commuted Value of Family Income:	4,326,436.00		5,321,335.00
(c) Annual Pensions Payable on Maturity:	219,326.00		288,746.00
(d) Cash Options in Lieu of Pensions:	3,069,980.00		4,008,790.00
(e) Monthly Disability Indemnity	39,790.00		56,090.00
(f) Total Disability Risk	12,891,960.00		18,163,160.00
4. Total Immediate Protection to C.D.A. Members:	20,541,135.00		28,816,663.00
5. Benefits Paid Out:			
C.D.A. Pension-Assurance Plan	4,799.45		6,243.20
C.D.A. Blue Cross			108,455.00
6. Total Value of Pension Potential:	3,708,288.00		4,752,760.00

Appendix B.

AMENDED REGULATIONS FOR SECTIONS

Application for recognition as a section of the Canadian Dental Association may be made under the following conditions:

1. That the applicants represent a reasonable number of members of the Canadian Dental Association whose interests lie in some one area of dentistry.
2. That a Chairman and Secretary be elected by the section.
3. That the section be financially self-supporting on an independent basis.
4. That the Chairman of the section report annually to the C.D.A. Board of Governors.
5. That all by-laws and regulations be submitted for approval of the Board of Governors of the C.D.A. before adoption.

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Appendix C. 1.

September 28th, 1955
3014 Bathurst Street

Dr. R. R. McIntyre, President,
Canadian Dental Association
3027-3rd St. W.,
Calgary, Alta.
Canada

Dear Doctor McIntyre:

We, the Executive of the Canadian Society of Dentistry for Children, having in mind the singleness of purpose of this organization and the Canadian Dental Association and appreciating the need for unity of voice in dentistry in Canada, wish to make application to the Canadian Dental Association to become a Section of that association.

Our Constitution must be revised and approved to permit this change and a draft copy of this revision will be forwarded to you at a later date for your opinions, upon its completion by our President's Committee.

We hope sincerely that this application will meet with your favourable approval and we will be looking forward to opening discussions in this regard at your convenience.

Yours respectfully,

D. L. Rife	President
R. L. Scott	Honorary President
W. H. Feasby	President-Elect
Gordon Nikiforuk	Vice-President
A. W. S. Wood	Historian
D. R. Anderson	Secretary-Treasurer

Appendix C. 2.

THE CONSTITUTION AND BY-LAWS
OF
THE CANADIAN SOCIETY OF DENTISTRY FOR CHILDREN

The Constitution

Article I

Name

The name of this Society shall be the Canadian Society of Dentistry For Children.

Article II

Purpose

The purpose of this Society shall be the advancement of knowledge of all phases of dentistry for children, and the dissemination of this knowledge to the profession and the public.

Article III

Membership

- Section 1 —Membership in this Society shall be of five classes; active, associate, student, honorary and honorary associate. Only active members may vote and hold office.
- Section 2 —Active membership in this Society shall be limited to members of the Canadian Dental Association.
- Section 3 —Associate members may be elected by the Society and shall be designated as those working in related fields or as dental internes in recognized institutions.
- Section 4 —Student membership: those seniors of a Canadian dental school.
- Section 5 —Honorary membership may be conferred by the Society on any person who has contributed in an exceptional manner to the advancement of Child Health.
- Section 6 —Honorary Associate may be conferred by the Society on members of Foreign Societies of Dentistry for Children.

Article IV

Executive Officers

The Executive Officers of this Society shall be; President, Honorary President, President-elect, Vice-President, Secretary-Treasurer and Historian.

Article V

Executive Council

- Section 1 —There shall be an executive council consisting of the executive officers and twelve (12) members, representative of society membership who shall be called councillors, with the authority to govern the Society in all matters between annual meetings.
- Section 2 —The Executive Council shall conduct the business of the Society between meetings. It shall adopt the budget for the Society and approve the expenditures of the Society's money by appropriation to the various committees as are specified by the By-laws. It shall render a full and complete annual report

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of all its actions as well as all matters brought before it, to the Society and when approved by the Society, becomes the action of the Society.

Article VI

Meeting

- Section 1 —A regular meeting of the Society shall be held once a year at a designated time and place. The exact time and place shall be specified to the members at least three months before an annual meeting.
- Section 2 —Special meetings of the Society may be called by the President at the written request of twenty percent of the active membership.

Article VII

Quorum

At a regularly called meeting of the Executive Council, General Business Session, or a Committee meeting, one third of the members present shall constitute a quorum, all members having been duly notified.

Article VIII

President's Committee

There shall be a President's Committee consisting of the active President and all the Past-Presidents of the Society with the active President as Chairman. This Committee will function under Article IX, Section 3, of the Constitution.

Article IX

Amendment

- Section 1 —The Constitution and By-laws may be amended at any annual business meeting of the Society by a majority vote of all active members present, provided a copy of such proposed change has been sent to each member at least four weeks prior to such meeting.
- Section 2 —Amendments may also be made at any annual business meeting of the Society by a three-quarters affirmative vote of all active members present and voting.
- Section 3 —The Constitution and By-laws may be amended, added to, or repealed at any meeting of the President's Committee by a two-thirds majority of all members. These changes must be ratified by the membership of the Society as under Section 1 or Section 2 of this article.

THE BY-LAWS

Article I

Membership

- Section 1 —All applications for active and associate membership shall be submitted to the Secretary. Student membership shall be granted by invitation. When submitted to the Secretary and accompanied by the annual dues they shall automatically become members in the designated class.
- Section 2 —The name of a candidate for honorary membership shall be presented, with reason therefore in writing, to the Membership Committee. The Membership Committee shall present this with its recommendations to the Executive Council, and the unanimous approval of Executive Council shall elect the candidate to honorary membership. Upon his approval he shall be presented with a certificate of membership.
- Section 3 —Honorary associate membership may be conferred by the Executive Council upon members of Societies of Dentistry for Children of foreign countries when such Societies are organized in conformity with the general purpose of the Canadian Society.

Article II

Dues

- Section 1 —Dues for active members shall not exceed twenty dollars per year, payable the first day of January. The amount and nature of the dues for any specific year shall be determined by the Executive Council.
- Section 2 —Honorary and Honorary Associate members shall not be required to pay dues and shall be granted all the privileges of membership. Student members shall not be required to pay dues and shall be granted the privilege of attending the scientific meetings.
- Section 3 —Dues for associate members shall be three dollars per year, payable the first day of January.
- Section 4 —Dues of new members paid following the annual meeting shall apply as of January 1st, following.

Article III

Election of Officers

- Section 1(a)—All officers and Councillors, except the Historian, shall be elected at the annual meeting, their names having been

EXECUTIVE

placed in nomination either by the Nominating Committee or from the floor. Nominations may be made from the floor if in writing and endorsed by three active members and accompanied by written consent of the nominee.

- (b)—The Historian shall be appointed by the Executive Council, when they take office, this shall be his only office or duty in the Society.
- (c)—All elected officers except the Secretary-Treasurer shall assume office at the close of the annual meeting.
- (d)—The Secretary-Treasurer shall assume office at the beginning of the fiscal year of the Society on the First day of the Third month following the annual meeting.

Section 2(a)—The term of office for President, Honorary President and President-elect shall be for that period between the annual meetings of the Canadian Dental Association or if the annual business meeting of the Society is not held at that time the term of office shall be for a period of one year between the Society's annual business meetings.

- (b)—No member shall hold the same office for more than two successive years except the Historian, who shall hold office for no more than five years. Exceptions to this must be approved by the Executive Council. The filling of an unexpired term shall, in this regard, be considered as a term of office.

Section 3 —Permanent or temporary vacancies occurring in office between the election and the next meeting shall be filled on appointment by the President for the unexpired term of that office.

Article IV

Committees

Section 1 —The following standing committees shall be appointed by the President on taking office: Membership and Programme. It shall be the duty of each standing committee to submit to the President at least two months prior to the annual meeting, a full report of its activities. If such report, or absence of report indicates that a committee is not adequately functioning it shall be mandatory for the President to replace any or all members of such committee as circumstances may indicate to activate it.

The duties of the committee shall be as follows:

Membership —To promote and build the membership of the Society. To receive all recommendations for Honorary and Honorary

Associate membership and make appropriate recommendations to the Executive Council.

Programme —To have arranged all the necessary details sufficiently in advance to assure the proper functioning of the annual meeting—viz: hotel accommodation, arrangement for clinicians, and preparation of printed programme.

Section 2 —The President shall be empowered to appoint such special committees as he deems needful at any time; or, on the majority vote of the members present at any meeting, he shall appoint committees as they direct.

Section 3 —A Nominating Committee of three members shall be appointed by the Executive at least thirty days prior to the annual meeting. This committee shall present to the annual meeting the list of candidates for election to office for the following year.

Article V

Rules of Order

The Society shall be governed in all matters not covered by the Constitution and By-laws by Article VI.

Article VI

Duties of Officers

Section 1 —It shall be the duty of the President to:

- (a) Call and preside at all meetings of the Society
- (b) Be a member ex-officio of all standing committees
- (c) Appoint all committees not otherwise provided for
- (d) Sign all documents of the Society
- (e) Present an annual address
- (f) Convene and act as chairman of the luncheon at the annual convention
- (g) Install the new President at the luncheon and turn over the chairmanship of the luncheon to him
- (h) Perform such other duties as are customary to his office.

Section 2 —It shall be the duty of the President-elect to:

- (a) In the absence of the President, assume the duties of this office
- (b) Succeed to the office of President in case of vacancy
- (c) Perform such other duties as are required.

EXECUTIVE

- Section 3 —It shall be the duty of the Vice-President to:
- (a) In the absence of the President-elect, assume the duties of this office
 - (b) Succeed to the office of President-elect in case of vacancy
 - (c) Perform such other duties as are required.
- Section 4 —It shall be the privilege of the Honorary President to:
- (a) Advise the President in all matters pertaining to the affairs of the Society
 - (b) Succeed to the office of Secretary-Treasurer in case of vacancy in an emergency
 - (c) Perform such other duties as are required.
- Section 5 —It shall be the duty of the Secretary-Treasurer to:
- (a) Keep a record of all the transactions of the Society
 - (b) Attend to all correspondence
 - (c) Keep all communications and copies of replies thereto
 - (d) Notify all members of time and place of meetings
 - (e) Keep an accurate account of all money of the Society
 - (f) Keep an accurate list of all members together with their addresses
 - (g) Notify officers and members of their election or appointment
 - (h) Be responsible for all monies of the Society
 - (i) Make an annual report to the President of all the Society's activities and finances and shall submit the books to audit.
 - (j) At the expiration of this term of office, he shall turn over to his successor, all records, books or other properties relating to his office.
 - (k) Perform all other duties pertinent to his office.
- Section 6 —The Historian shall be responsible for the keeping of a written record of the history of the Society and submit this record annually at a time designated by the President.

COMMENT AND RECOMMENDATIONS

1. Over the past years discussion has been given to cutting down the number of Committees rather than increasing them and our present policy is to this effect. We favour consultation where thought necessary or advisable, with individuals other than those within the profession but feel that the formation of a planning committee is inadvisable as the C.D.A. has

presently within itself the machinery set up to deal with all present and foreseeable future proposals and commitments. We feel strongly that the Executive should meet oftener if necessary, in order to continue, as in the past, to efficiently carry on the business of the C.D.A.

2.(a) Agreed.

(b) & (c) Information.

3. Membership—Agreed.

4. Pension Assurance Plan—We are pleased to note the progress of the Pension Assurance Plan and the inauguration of the Dental Students Insurance Plan is especially commended.

5. This will be dealt with in another report.

6.(a) We approve of the change in the regulations respecting the establishment of sections (Appendix B).

(b) We approve of the Constitution and By-laws submitted by the Canadian Society of Dentistry for Children (Appendix C. 2).

(c) We recommend that this society be recognized as a section of the C.D.A.

7. We heartily approve.

8. We add our appreciation.

9. Noted.

10. Approved.

11. & 12. Noted.

13. & 14. Agreed.

15. & 16. Noted with interest.

17. We concur.

18. Noted.

19. We recommend to the Board of Governors that the Executive proceed to give their full and immediate consideration to the setting up of such a fund.

20. Although in hearty accord with the intimation made in this paragraph, we feel that the present time is not opportune for implementation of same.

21. Agreed.

We recommend the adoption of the Report of the Executive.

APPROVED

FINANCE

S. J. PHILLIPS,

Chairman

REPORT

1. I beg to present to you the financial report for your consideration and decisions.

2. (a) May I draw to your attention one recommendation, only, from the report of the Finance Committee as presented last year at Board of Governors' meeting held at Toronto, May 11-14th, 1955.

“Twenty-five (\$25.00) be strongly suggested as the per capita grant to meet the minimum needs of our association.”

(b) The following is the action taken by the Board of Governors in May: “That we recommend the adoption of the report of the Finance Committee”. —Carried—

3. For your information the amount of revenue from a \$20.00 per capita fee would be approximately \$104,000, while a per capita fee of \$25.00 would give us approximately \$130,000 yearly income.

4. It is a sincere pleasure for me to present our financial picture and statement at this time, for we have every reason to believe that within the very near future it will be possible to present to you a balanced budget. There is a bright light coming over our financial horizon in the fact that several of the provinces have already made decisions in reference to the per capita fee.

5. The financial statement shows clearly the effect that increasing the Provincial Grants has upon the financial budget of the Canadian Dental Association.

6. (a) For 1955, five provinces paid on the basis of \$20.00 per capita. This has resulted in our receiving approximately \$19,650.00 above our estimated 1955 budget. British Columbia, Nova Scotia and Ontario submitted cheques covering 1955 grant which were on the basis of \$20.00 per member. Saskatchewan submitted its grant last February at the rate of \$15.00 per member, but since that time we have received from Saskatchewan supplementary grant of \$1,000 for 1955. This means that Saskatchewan has paid on the basis of \$20.00 per member. These actions mean that five provinces have voluntarily made payment of the grants on the basis of \$20.00 per member for 1955. I am sure you will agree that this is good news. The payments from these five provinces have resulted in our receiving some \$19,650.00 above our estimated budget.

(b) It is made up as follows:

British Columbia	\$ 3,000.00
Saskatchewan	1,000.00
Manitoba	1,150.00
Ontario	13,500.00
*Nova Scotia	1,000.00

*This figure is approximate.

(c) We budgeted for a deficit of \$17,982.00 for 1955. This is revenue which we did not anticipate when the budget was drawn up. Therefore, we have a surplus instead of a deficit for 1955. You will observe that without the extra money from these provinces, we would have had a deficit this year of approximately the same as we estimated for 1955 budget.

7. We have received indications from seven provinces that the grant for 1956 will be on the basis of \$25.00 per capita. Two other provinces have indicated, unofficially, that they will make every attempt to do the same.

8. "It has been recommended and approved by the Executive that priority be given to the building up of the Reserve of the Association. One great existing weakness of the Association is the present condition of the Reserve Fund. This situation hampers the work of the Association in several spheres of activity and should be corrected at earliest opportunity".

9. "Since the end of the year, Quebec has submitted a balance of \$5,985.00 which is a part of the 1955 grant. As compared to former years this accounts for the reduced amount for 1955 which appears in the auditors' statement as being received from Quebec".

10. An Appreciation:

On behalf of the Executive of the C.D.A. and myself, may I express our sincere congratulations and appreciation to the provinces for their wonderful cooperation in making it possible for us to balance our budget.

11. *Objects of Finance Committee*

- (1) Determine the financial needs of the Association for the foreseeable future.
- (2) Stabilizing the annual grants of the corporate members at such a level as may reasonably be expected to meet the requirements of the Association at the same time bring it within the financial limits of all the provinces.
- (3) Establish the financial needs of each committee.

12. *Annual Grant*

It is with great pride we see corporate members make a constant financial effort to help the C.D.A. balance the budget, and our Association owes greatly our importance and development to these corporate members

FINANCE

who have so ably presented the financial needs of the Canadian Dental Association.

13. *Finances*

- (a) We can be pleased with the present financial situation of the Association which will permit us to meet our moderate needs, at the same time I feel that the *password* of the financial administration should be *stabilization*.
- (b) Personally, I am very pleased for this, as it is the first time I have been able to come before you as Finance Chairman without saying we need more money to balance our budget.

14. *The Reserve Fund*

- (a) The weak link of our financial set-up seems now to be the inadequate reserve fund. Five per cent (5%) of our annual income plus part of the surplus, if any, at the discretion of the Board of Governors, should be able to build up approximate fund of \$100,000 over the next ten years.
- (b) The present annual appropriation of \$3,500 for the reserve fund should be stepped up to represent 5% of our annual budget, an amount equal to \$5,000.
- (c) The objective of the Reserve fund should be an amount equal to twice our annual budget.

15. *Housing Fund*

- (a) You will remember that the following resolution was passed after lengthy debate:

“WHEREAS we feel the rentals paid by the C.D.A. and other tenants in the headquarters building are below the normal level paid in this area; BE IT RESOLVED that the housing committee review the rental income and give consideration to increasing same, and be it further resolved that the major portion of the amount accruing from any increased rentals be earmarked for the reduction of the loan secured by the housing committee from our Reserve Fund.”

- (b) The amount we received in 1955 from rentals was \$5,556.00. By the new resolution of the housing committee, our rentals will equal \$6,660.00, an increase per year of \$1,104.00. What portion of increase do you earmark for reduction of the loan?

16. *International Meeting at Rome 1957*

At this meeting consideration must be given in the budget to cover the expenses, etc., to send our secretary, Dr. Don W. Gullett, to this international meeting and a survey of dental conditions in the Scandinavian countries.

17. *Executive Committee*

Some consideration should be made for two meetings, or at least, one much longer, each year, of the Executive Committee at National Headquarters Building. Then if a longer period is adopted, provision should be made in the budget.

18. *Health Insurance Studies Committee*

In order that the work of this committee be kept up to date at all times, and in face of the consideration being given to it by both Provincial and Federal Governments, I recommend that the Board of Governors consider carefully the financial needs of the Health Insurance Studies Committee.

19. COMMENT ON
FINANCIAL STATEMENT YEAR ENDING DECEMBER 31, 1955
STATEMENT OF RECEIPTS AND DISBURSEMENTS
GENERAL
BY COMPARISON 1955 AND 1954

Receipts**A. Cash on Hand**

Balance on hand and in bank, Dec. 31, 1954.....	\$ 4,037.03
as compared with	
Balance on hand and in bank, Dec. 31, 1955	\$ 17,159.92

- i. This shows a very big change for the better compared with 1954
- ii. The balance sheet shows accounts payable 787.73

B. Grants

1955 Grants from Provinces	\$ 93,100.00
1954 Grants from Provinces	79,535.00

Increase of	13,565.00
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Due mostly from increase of per capita tax

British Columbia from	8,670.00	11,740.00
Alberta "	5,625.00	5,865.00
Saskatchewan "	3,270.00	4,285.00
Manitoba "	3,780.00	4,900.00
Ontario "	35,000.00	46,500.00
Quebec "	17,835.00	19,680.00
New Brunswick "	1,500.00	1,500.00
Nova Scotia	2,910.00	3,700.00
Prince Edward Is.	510.00	495.00
Newfoundland	435.00	420.00

FINANCE

C. Interest on Investments

1955 Transfer from Reserve Fund	958.49
1954 " " " " "	1,178.75

This difference is accounted for by the fact that we sold some of our bonds to purchase pension plan for Staff at headquarters.

D. Transfer from Reserve Fund	21,065.87
This money was used to pay for pension plan	

E. Total Receipts (as shown in Auditor's Statement)

1955 Receipts	120,084.98
1954 Receipts	83,549.80
Increase	36,535.18

This was made up principally of three items: Convention Profit, Increase in Grants, and Transfer from Reserve. The transfer from reserve does not represent actual income.

Disbursements

A. Grants

1955 Grants amounted to	\$ 21,895.60
1954 " " " "	21,812.50

B. Salaries to Staff

1955	26,843.19
1954	24,545.63

This represents the regular yearly increments

C. Committee Expenses

1955 Amount	1,553.48
1954 " "	1,346.03

Very little difference

D. Board of Governors' Meeting Expenses

1955 Expenses were	4,584.68
1954 " " "	7,409.68

The central location certainly is the cheapest place to hold the convention, but the worth to dentists of Canada of holding conventions in different sections can't be counted in dollars and cents. It only costs each dentist in Canada about \$1.20 to hold the average convention.

- E. Through the printing arrangements made in Headquarters we have increased distribution greatly at not much increase in expenditure.
- F. **Trust Funds**
These trust funds are for specified purposes under trust deeds and cannot be used for other Association purposes.
- G. Audit of funds of different committees appear in Auditors' Statement.
- H. Other figures presented in the Auditors' Statement appear self-explanatory.
- I. The Financial Statement appears as Appendix A.
- J. List of Securities as of January 27, 1956 as Appendix B.
- K. The Budget computations appear as Appendix C.

RECOMMENDATION: That the Auditors' Statement for 1955 be adopted and that Auditors for 1956 be appointed.

APPENDIX A

January 31, 1956.

Dr. R. R. McIntyre, President,
Canadian Dental Association,
Toronto, Ontario.

Dear Sir:—

We have examined the accounts of the CANADIAN DENTAL ASSOCIATION for the year ended December 31, 1955 and submit herewith the following statements:

Respectfully submitted,

THORNE, MULHOLLAND, HOWSON & McPHERSON
Chartered Accountants

FINANCE

Balance Sheet December 31, 1955

Assets

General Account:

Cash on hand and in bank	17,159.92	
Prepaid expenses	560.82	
Office furniture and fixtures	10,625.60	
Less Accumulated allowance for depreciation	5,831.02	4,794.58
		<u>22,515.32</u>

Housing Fund:

Cash on hand and in bank	4,979.54	
Prepaid insurance	310.00	
Land, 234 St. George Street, Toronto	5,100.00	
Building, 234 St. George Street, Toronto	68,111.26	
Less Accumulated allowance for depreciation	8,360.10	59,751.16
		<u>6,016.70</u>
Furnishings and equipment	11,424.06	
Less Accumulated allowance for depreciation	5,407.36	6,016.70
		<u>76,157.40</u>

Dental Research Fund:

Cash in bank		9,480.00
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Dental Research Committee:

Cash in bank		80.94
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War Memorial Award Fund:

Cash in bank	1,063.23	
Government and government guaranteed 3% bonds at cost (market value \$7,093.00)	7,414.12	
Interest accrued on bonds	65.00	8,542.35
		<u>8,542.35</u>

Council on Dental Education:

Cash in bank		5,151.71
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The Grieve Memorial Lectureship Fund:

Cash in bank	159.49	
Government and government guaranteed bonds at cost (market value \$5,350.00)	5,348.13	
Interest accrued on bonds	52.08	5,559.70
		<u>5,559.70</u>

Library Trust Fund:

Cash in bank	3,843.13	
Books	4,617.49	
Less Accumulated allowance for depreciation	3,050.64	1,566.85
		<u>5,409.98</u>

Reserve Fund:

Cash in bank	796.14	
Loan receivable from housing fund	10,000.00	
Government and government guaranteed bonds at cost (market value \$21,283.00)	21,393.75	
Accrued interest on bonds	194.79	32,384.68
		<u>32,384.68</u>

Employees' Pension Account:

Cash in bank		4,020.86
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\$169,302.94

Balance Sheet December 31, 1955

Liabilities

General Account:

Accounts payable		787.73	
Surplus:			
Balance, December 31, 1954	11,356.25		
Surplus for year 1955	<u>10,371.34</u>	<u>21,727.59</u>	22,515.32

Housing Fund:

Accounts payable		136.76	
Loan payable to reserve fund		<u>10,000.00</u>	
Surplus:			
Balance, December 31, 1954	67,498.51		
Grant	<u>1,000.00</u>		
	68,498.51		
Deficit from building operating for 1955	<u>2,477.87</u>	<u>66,020.64</u>	76,157.40

Dental Research Fund:

Surplus, December 31, 1954	11,609.61		
Deficit for year 1955	<u>2,129.61</u>		9,480.00

Dental Research Committee:

Surplus, December 31, 1954	185.64		
Deficit for year 1955	<u>104.70</u>		80.94

War Memorial Award Fund:

Surplus, December 31, 1954	8,457.73		
Surplus for year 1955	<u>84.62</u>		8,542.35

Council on Dental Education:

Surplus, December 31, 1954	2,620.63		
Surplus for year 1955	<u>2,531.08</u>		5,151.71

The Grieve Memorial Lectureship Fund:

Surplus, December 31, 1954	5,557.75		
Surplus for year 1955	<u>1.95</u>		5,559.70

Library Trust Fund:

Surplus, December 31, 1954	5,338.73		
Surplus for year 1955	<u>71.25</u>		5,409.98

Reserve Fund:

Surplus, December 31, 1954	53,397.38		
Deficit for year 1955	<u>21,012.70</u>		32,384.68

Employees' Pension Account:

Account payable	4,015.71		
Surplus for year 1955	<u>5.15</u>		4,020.86
			<u>\$169,302.94</u>

FINANCE

AUDITORS' REPORT

We have examined the accounts of the Canadian Dental Association for the year ended December 31, 1955 and report that, in our opinion, the accompanying balance sheet and related statements of revenue and expenditure and receipts and disbursements present fairly the financial position of the Association as at December 31, 1955 and its financial transactions for the year ended on that date, exclusive of the accounts of the Committee on Publications, according to the best of our information and the explanations given us and as shown by the books.

THORNE, MULHOLLAND, HOWSON & McPHERSON
Chartered Accountants

GENERAL

STATEMENT OF REVENUE AND EXPENDITURE

Year ended December 31, 1955

Revenue	
Grants from Provincial Boards:	
British Columbia	\$11,740.00
Alberta	5,865.00
Saskatchewan	4,285.00
Manitoba	4,900.00
Ontario	46,500.00
Quebec	13,695.00
New Brunswick	1,500.00
Nova Scotia	3,700.00
Prince Edward Island	495.00
Newfoundland	420.00
	\$ 93,100.00
National convention 1955	1,984.69
Transfer from reserve fund representing interest received on investments	958.49
Other transfers from reserve fund (net)	21,065.87
Sale of pamphlets	2,839.89
Sundry revenue	136.04
	\$120,084.98

Expenditure

Grants:	
Committee on Publications	\$14,500.00
Council on dental education	3,000.00

FINANCE

Dental research fund	3,500.00	
Federation Dentaire Internationale	720.60	
Sundry grants	175.00	
		\$ 21,895.60
Economic survey of dental practice in Canada		150.00
Officers and clerical salaries		26,843.19
Officers' pension plan		26,498.74
Employees' pension account		3,214.71
Unemployment insurance		182.88
Hospital insurance		351.30
Committee expenses (not including Committees receiving grants)		1,553.48
Officers' expenses		4,785.59
Board of Governors meeting expenses		4,584.68
Essay award		75.00
Legal and audit		565.00
Library expenses		86.34
Pamphlets, reports and printing		9,421.20
Housing fund, rent		3,600.00
Translations		750.00
Office supplies and expense		1,626.10
Telephone and telegraph		562.99
Postage		1,904.28
Depreciation, office furniture and fixtures		1,062.56
		109,713.64
Surplus for year, after giving effect to the net transfer of \$21,065.87 from reserve fund		10,371.34
		<u>\$120,084.98</u>

HOUSING FUND

STATEMENT OF REVENUE AND EXPENDITURE

Year ended December 31, 1955

Revenue

Rentals	<u>\$5,556.00</u>
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Expenditure

Repairs and maintenance	\$2,123.80
Taxes	719.36
Janitor	700.00
Heat	495.51

FINANCE

Gas and water	419.77
Light	423.97
Insurance	221.97
Audit	60.00
General expenses	24.30
Depreciation on buildings	1,702.78
Depreciation on furnishings and equipment	1,142.41
	8,033.87
Deficit for year	2,477.87
	<u>\$5,556.00</u>

Note:

The above statement of revenue and expenditure covers building operating items only and does not include a grant to this fund of \$1,000.00 which was credited directly to surplus.

DENTAL RESEARCH FUND

STATEMENT OF REVENUE AND EXPENDITURE

Year ended December 31, 1955

Revenue

Grant, Canadian Dental Association, from general account	\$3,500.00
Transfer from Canadian Dental Research Foundation	513.48
Bank interest	104.14
Premium on U.S. funds	15.63
	4,133.25
Deficit for year	2,129.61
	<u>\$6,262.86</u>

Expenditure

Studentships	\$5,675.00
Reprints	550.34
Audit	25.00
General expenses	12.52
	<u>\$6,262.86</u>

WAR MEMORIAL AWARD FUND
STATEMENT OF REVENUE AND EXPENDITURE
Year ended December 31, 1955

Revenue

Bond interest	\$278.52
Bank interest and exchange	6.10
	<u>\$284.62</u>

Expenditure

Essay awards	\$200.00
Surplus for year	84.62
	<u>\$284.62</u>

COUNCIL ON DENTAL EDUCATION
STATEMENT OF REVENUE AND EXPENDITURE
Year ended December 31, 1955

Revenue

Grants:

Canadian Dental Association	\$3,000.00
W. K. Kellogg Foundation	3,965.00
	<u>\$6,965.00</u>
Bank interest	26.64
	<u>\$6,991.64</u>

Expenditure

Council meeting expenses	\$ 777.77
Expenses re survey of dental schools	2,747.64
Conferences on dental education (teacher training courses)	935.15
	<u>4,460.56</u>
Surplus for year	2,531.08
	<u>\$6,991.64</u>

FINANCE

THE GRIEVE MEMORIAL LECTURESHIP FUND STATEMENT OF REVENUE AND EXPENDITURE

Year ended December 31, 1955

Revenue

Bond interest	\$177.50
Bank interest	1.95
	\$179.45

Expenditure

Orthodontic Section of Canadian Dental Association	\$177.50
Surplus for year	1.95
	\$179.45

LIBRARY TRUST FUND STATEMENT OF REVENUE AND EXPENDITURE

Year ended December 31, 1955

Revenue

Donations	\$1,150.15
Bank interest	30.36
	\$1,180.51

Expenditure

Binding books, journals, etc.	\$ 183.91
Depreciation on books	923.50
Bank charges	1.85
	1,109.26
Surplus for year	71.25
	\$1,180.51

RESERVE FUND
STATEMENT OF REVENUE AND EXPENDITURE
Year ended December 31, 1955

Revenue	
Interest on bonds	\$ 790.87
Bank interest	10.29
Profit on sale of Government of Canada bonds	424.25
	<u>1,225.41</u>
Deficit for year	21,012.70
	<u><u>\$22,238.11</u></u>

Expenditure	
Transfer to war memorial award fund re bonds sold	\$ 213.75
Transfer to general account re interest	958.49
Other transfers to general account, net	21,065.87
	<u>\$22,238.11</u>

EMPLOYEES' PENSION ACCOUNT
STATEMENT OF REVENUE AND EXPENDITURE
Nine months' period ended December 31, 1955

Revenue	
Bank interest	\$5.15
	<u><u> </u></u>
Expenditure	
Surplus for year	\$5.15
	<u><u> </u></u>

GENERAL
STATEMENT OF RECEIPTS AND DISBURSEMENTS
Year ended December 31, 1955

Receipts	
Cash on hand and in bank, December 31, 1954	\$ 4,037.03

FINANCE

Grants from Provincial Boards:

British Columbia	\$11,740.00
Alberta	5,865.00
Saskatchewan	4,285.00
Manitoba	4,900.00
Ontario	46,500.00
Quebec	13,695.00
New Brunswick	1,500.00
Nova Scotia	3,700.00
Prince Edward Island	495.00
Newfoundland	420.00
	\$ 93,100.00

Transfer from reserve fund representing interest received on investments	958.49
Other transfers from reserve fund (net)	21,065.87
Sale of pamphlets	2,839.89
National convention 1955	2,194.19
National convention 1954	583.45
Sundry receipts	136.04
	\$124,914.96

Disbursements

Grants:

Committee on Publications	\$14,500.00
Council on dental education fund	3,000.00
Dental research fund	3,500.00
Federation Dentaire Internationale	720.60
Sundry grants	175.00
	\$ 21,895.60
Officers and clerical salaries	26,843.19
Officers' pension plan	26,498.74
Employees' pension account	3,214.71
National conventions 1956	100.00
Economic survey of dental practice in Canada	150.00
Unemployment insurance	182.88
Hospital insurance	351.30
Committee expenses (not including Committees receiving grants)	1,553.48
Officers' expenses	4,822.17
Board of Governors meeting expense	4,584.68
Essay award	75.00
Legal and audit	565.00
Library expenses	86.34
Pamphlets, reports and printing	8,824.72

FINANCE

Housing fund, rent	3,600.00
Translations	750.00
Office supplies and expense	1,523.96
Telephone and telegraph	533.67
Postage	1,599.60
	107,755.04
Cash on hand and in bank, December 31, 1955	17,159.92
	<u>\$124,914.96</u>

HOUSING FUND**STATEMENT OF RECEIPTS AND DISBURSEMENTS****Year ended December 31, 1955****Receipts**

Cash on hand and in bank, December 31, 1954	\$ 6,679.47
Grant:	
College of Dental Surgeons of the Province of Quebec	1,000.00
Rentals	5,556.00
	<u>\$13,235.47</u>

Disbursements

Repairs and maintenance	\$ 2,116.30
Reserve fund, payment on loan	3,000.00
Taxes	719.36
Janitor	700.00
Heat	529.10
Gas and water	416.66
Light	423.21
Insurance	267.00
Audit	60.00
General expenses	24.30
	8,255.93
Cash on hand and in bank, December 31, 1955	4,979.54
	<u>\$13,235.47</u>

FINANCE

DENTAL RESEARCH FUND STATEMENT OF RECEIPTS AND DISBURSEMENTS Year ended December 31, 1955

Receipts

Cash in bank, December 31, 1954	\$11,609.61
Grant, Canadian Dental Association, from general account	3,500.00
Transfer from Canadian Dental Research Foundation	513.48
Bank interest	104.14
Premium on U.S. funds	15.63
	\$15,742.86

Disbursements

Studentships	\$ 5,675.00
Reprints	550.34
Audit	25.00
General expenses	12.52
	6,262.86
Cash in bank, December 31, 1955	9,480.00
	\$15,742.86

WAR MEMORIAL AWARD FUND STATEMENT OF RECEIPTS AND DISBURSEMENTS Year ended December 31, 1955

Receipts

Cash in bank, December 31, 1954	\$ 526.48
Sale of Government of Canada bonds, 3%, par value \$7,500.00 due October 1, 1963	7,661.25
Transfer from reserve fund re difference between cost and amount realized from sale of above bonds	213.75
Bond interest	269.77
Bank interest and exchange	6.10
	\$8,677.35

Disbursements

Essay awards	\$ 200.00
Transfer to reserve fund re government and government guaranteed bonds taken over from reserve fund, par value \$7,500.00	7,414.12
	7,614.12
Cash in bank, December 31, 1955	1,063.23
	\$8,677.35

COUNCIL ON DENTAL EDUCATION
STATEMENT OF RECEIPTS AND DISBURSEMENTS
Year ended December 31, 1955

Receipts

Cash in bank, December 31, 1954	\$2,620.63
Grants:	
Canadian Dental Association	3,000.00
W. K. Kellogg Foundation	3,965.00
Bank interest	26.64
	\$9,612.27

Disbursements

Council meeting expenses	\$ 777.77
Expenses re survey of dental schools	2,747.64
Conferences on dental education (teacher training courses)	935.15
	4,460.56
Cash in bank, December 31, 1955	5,151.71
	\$9,612.27

FINANCE

THE GRIEVE MEMORIAL LECTURESHIP FUND STATEMENT OF RECEIPTS AND DISBURSEMENTS

Year ended December 31, 1955

Receipts

Cash in bank, December 31, 1954	\$157.54
Bond interest	177.50
Bank interest	1.95
	\$336.99

Disbursements

Orthodontic Section of Canadian Dental Association	\$177.50
Cash in bank, December 31, 1955	159.49
	\$336.99

LIBRARY TRUST FUND STATEMENT OF RECEIPTS AND DISBURSEMENTS

Year ended December 31, 1955

Receipts

Cash in bank, December 31, 1954	\$3,661.18
Donations	1,150.15
Bank interest	30.36
	\$4,841.69

Disbursements

Books	\$ 812.80
Binding books, journals, etc.	183.91
Bank charges	1.85
	998.56
Cash in bank, December 31, 1955	3,843.13
	\$4,841.69

RESERVE FUND

STATEMENT OF RECEIPTS AND DISBURSEMENTS

Year ended December 31, 1955

Receipts

Cash in bank, December 31, 1954	\$ 1,284.96
Interest on bonds	958.49
Bank interest	10.29
Housing fund, payment on loan	3,000.00
Transfer from war memorial award fund re government and government guaranteed bonds taken over from reserve fund, par value \$7,500.00	7,414.12
Sale of Government of Canada bonds, 3%, par value \$17,000.00 due October 1, 1963	17,365.50
	\$30,033.36

Disbursements

Bonds and debentures purchased:

Government of Canada bonds, 3¼%, par value \$2,000.00 due June 1, 1976	\$ 1,997.50
Government of Canada bonds, 3¼%, par value \$1,000.00 due October 1, 1979	972.50
Province of Ontario debentures, 3%, par value \$4,000.00 due September 1, 1965	4,000.00
Accrued interest on bonds purchased	29.11
Transfer to war memorial award fund re bonds sold	213.75
Transfer to general account re interest	958.49
Other transfers to general account (net)	21,065.87
	29,237.22
Cash in bank, December 31, 1955	796.14
	\$30,033.36

FINANCE

EMPLOYEES' PENSION ACCOUNT
STATEMENT OF RECEIPTS AND DISBURSEMENTS
Nine months' period ended December 31, 1955

Receipts

Contributions:	
Canadian Dental Association	\$3,214.71
Employees	801.00
	\$4,015.71
Bank interest	5.15
Cash in bank, December 31, 1955	<u>\$4,020.86</u>

Note:

Above receipts include \$4,015.71 which amount is payable to Canadian Dental Association Pension-Assurance Plan.

APPENDIX B

GOVERNMENT AND GOVERNMENT GUARANTEED BONDS
RESERVE

Government of Canada	Par Value	Amount Paid
3¼ June 1, 1976	\$1,000.00	\$ 990.00
3¼ June 1, 1976	2,000.00	1,997.50
3¼ Oct. 1, 1979	1,000.00	972.50
Province of Ontario		
4% Dec. 15, 1961	3,000.00	3,000.00
4% Jan. 1, 1966/68	1,000.00	998.16
3% Sept. 1, 1965	4,000.00	4,000.00
Province of Quebec		
3% Oct. 1, 1963	500.00	500.00
4% Apr. 15, 1966	1,000.00	995.00
Province of British Columbia		
3% June 15, 1964	500.00	491.25
Province of Prince Edward Island		
4¼% Dec. 1, 1967	1,000.00	993.75
Province of New Brunswick		
3¾% Apr. 15, 1970	1,000.00	987.50

**Hydro-Electric Power Commission
of Ontario (Guaranteed by Prov.)**

4 $\frac{1}{4}$ % July 15, 1969	2,000.00	1,985.00
3% Apr. 1, 1968/70	500.00	498.83

**Canadian National Railways
(Guaranteed by Gov. of Canada)**

3 $\frac{1}{4}$ % Feb. 1, 1972/74	3,000.00	2,985.00
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Totals as of January 27, 1956	\$21,500.00	\$21,394.49
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WAR MEMORIAL

Government of Canada	Par Value	Amount Paid
3% Sept. 1, 1961/66	\$2,500.00	\$2,621.87

Province of Ontario

3% Apr. 15, 1965	1,000.00	997.50
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Province of Quebec

3% Oct. 1, 1963	1,000.00	925.00
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Province of Manitoba

3% Feb. 15, 1967	1,000.00	993.75
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Province of Nova Scotia

3% Dec. 15, 1967	1,000.00	890.00
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**Hydro-Electric Power Commission
of Ontario (Guaranteed by Prov.)**

3% Jan. 15, 1968	1,000.00	986.00
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Totals as of January 27, 1956	\$7,500.00	\$7,414.12
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GRIEVE MEMORIAL**Government of Canada**

3% Sept. 1, 1966	\$3,500.00	\$3,408.13
3% Sept. 1, 1966	1,000.00	935.00

**Hydro-Electric Power Commission
of Ontario (Guaranteed by Prov.)**

4 $\frac{1}{4}$ % Nov. 1, 1964/67	1,000.00	1,005.00
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Totals as of January 27, 1956	\$5,500.00	\$5,348.13
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FINANCE

APPENDIX C

BUDGET FOR YEAR 1957

Revenue

Grants from Provincial Boards:

British Columbia	\$ 14,700.00
Alberta	9,775.00
Saskatchewan	5,275.00
Manitoba	6,125.00
Ontario	58,100.00
Quebec	17,500.00
New Brunswick	2,500.00
Nova Scotia	3,700.00
Prince Edward Island	500.00
Newfoundland	700.00
National Convention 1955	100.00

Transfer from Reserve Fund:

Bond Interest	800.00
Sale of Pamphlets	1,000.00
Sundry Reserve:	
Associate Membership	100.00

Total	<u>120,875.00</u>
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Expenditures

Grants

Committee on Publications	\$ 14,500.00
Council on Dental Education	3,500.00
Dental Research Committee Fund	5,000.00
Federation Dentaire Internationale	900.00
Contingency Fund	1,500.00
Officers and Clerical Salaries	35,700.00
Employees' Pension Account	4,300.00
Unemployment Insurance	200.00
Hospital Insurance — Blue Cross and P.S.I.	375.00
Committee expenses	4,975.00
Officers Expenses + Fees	8,500.00
Board of Governors Meeting Expense	8,000.00
Legal	300.00
Audit	265.00
Library Expenses	200.00
Pamphlets, Reports and Printing	10,000.00

FINANCE

Housing Fund Rent	4,320.00
Translations	750.00
Office Supplies and Expense	3,000.00
Telephone and Telegraph	700.00
Postage	2,500.00
Depreciation, office furniture and fixtures ..	1,000.00
Transfer to Reserve	5,000.00
	115,485.00
Surplus	5,390.00

COMMENT AND RESOLUTION

- 1.-3. Information.
4. & 5. This is the first occasion in many years that a ray of sunshine has broken through the clouds of deficit budgets. May the light continue and the rosy glow never disappear.
6. (a)(b)(c) The voluntary extra contributions of these corporate bodies for the year 1955 was a much appreciated token of support to the C.D.A.—a simple thanks.
7. Splendid progress. It is hoped that eventually all ten corporate bodies will participate on this same basis.
8. We concur.
9. Information.
10. This appreciation is heartily concurred in by the reference committee.
11. The objects of the Finance Committee are noteworthy, we look forward to their fulfilment.
12. We concur.
13. We feel that the theme “stabilization” is sound when practised continually.
14. (a)(b)(c) Covered by the following resolution:

Whereas the establishment of an adequate Reserve Fund for the Canadian Dental Association is of paramount importance, therefore be it

Resolved that the sum of \$5,000. be budgeted for annually and placed in the Reserve Fund.

FINANCE

15. The action necessitated by this paragraph is covered by the action taken on the Housing Committee's report. The debt owing to the C.D.A. by the Housing Fund was transferred to the general fund of the Association.
16. We concur.
17. We agree.
18. It is not deemed necessary for further study of this matter by the Board of Governors, at present. The Chairman of the Finance Committee, after consultation with the Chairman of the Health Insurance Studies Committee has made the required provision in the budget.
19. The Chairman of the Finance Committee has made an informative and concise survey of the Auditors Report.

We have examined Appendices A. B. and C.

The Chairman of this one-man Committee is again to be thanked for his good report and the unselfish efforts of the past years. We are sure that he must feel that his labours were not in vain, when at long last they culminated in the presentation of a surplus budget.

We recommend the adoption of the Report of the Finance Committee, and the resolution contained herein.

APPROVED

MEMBERS OF AUXILIARY SERVICES COMMITTEE: *R. A. Rooney, Chairman, Edmonton, Alta.; H. R. MacLean, Edmonton, Alta.; A. M. Revell, Edmonton, Alta.*

REPORT

1. In 1955, this Committee reported on the efforts of groups of dental mechanics in three provinces, British Columbia, Manitoba and New Brunswick, to obtain the right to deal directly with the public for denture services. We were able to report that none of these three provincial efforts had been successful, though too close to be comfortable or to leave any room for complacency on the part of either the provincial bodies or of this Board, particularly so with reference to Manitoba, where the tiny margin of one vote was all that kept these illicit labs from their goal. During the past year, these unqualified persons have increased the scope of their efforts in Manitoba and New Brunswick and governments in these provinces have shown that they are giving thought to the whole problem of dentist-laboratory relations as they affect the public and the evidence on the subject is disturbing.

2. During the session of the legislature last year, the Government of British Columbia stated its intention to appoint a departmental committee to enquire into the whole problem. This committee, however, was not established until December, 1955, and on a somewhat different basis than expected. The Minister of Health and Welfare named to this committee two representatives of the Council of the College of Dental Surgeons of British Columbia, two representatives of the Dental Laboratory Association (the ethical laboratories) and two from the Dental Technicians' Society (the illegal organization), under the chairmanship of Dean Chant of the University of British Columbia, and with a representative of the Department of Health and Welfare as secretary. This committee was charged with investigating all aspects of the relationship of dental technicians to the profession and more particularly the implications of the bill presented to the legislature in 1955 by the illegal labs. Due to the lateness of the appointment of the committee, it was not able to complete its studies and report before the legislature adjourned this year, though a considerable number of meetings have been held. It is presumed that the chairman will report to the Minister of Health and Welfare when their deliberations are completed. The impact of the personnel of this committee on the illicit group was apparently disconcerting. These illicit practitioners are organized as a unit of the Chemical Workers' Union. The Trades and Labor Council, Victoria District, has been protesting vehemently that the committee was picked in favor of the dentists.

3. The Government of British Columbia and the University of British Columbia appear to be committed to the establishment of a Dental Faculty in the University and the University has engaged Dr. John B. Macdonald to

AUXILIARY SERVICES

make a survey of the requirements and needs. It is understood that this report is now in the hands of the Board of Governors of the University. The University will probably have plenty to say about any attempt to delegate professional duties to uneducated, untrained individuals in relation to the establishment of a new faculty. The Council of the College is planning a publicity and educational campaign amongst the members of the legislature in the interim before the next session, with the hope of making them thoroughly familiar with proper dentist-lab relations.

4. In Manitoba, the situation is considerably more critical. There, the illegal labs again this year presented a bill to the legislature seeking the right to work directly for the public. The Dental Association, on the other hand, asked for a prescription clause amendment to their Act for the reason that the existing provisions made enforcement extremely difficult. Both were private bills. But again, as in 1954, neither bill was successful. A committee, set up by the Government to examine and report on the situation, could not reach agreement with the result that neither bill was introduced in the legislature.

5. The situation has been complicated, apparently, by the fact that the Minister of Health indicated that he would attempt to seek some compromise. There were indications that he was considering some arrangement along the lines of those in effect in Alberta where regulations under a section of the Public Health Act permit an association between a dentist and mechanic on a dubious basis, as detailed in previous reports. It is unfortunate that wherever these illicit practitioners press for favouring legislation, the Alberta arrangement is brought into the picture and invariably is misrepresented. It is bad enough without any embroidery or false interpretations.

6. Last year, and again in the early stages of the controversy this year in Manitoba, the ethical labs had aligned with the Association opposing the illicit practitioners. However, When the Minister's line of thought became known, these labs reversed their attitude with the thought, probably, that they might lose some of the advantages. This unquestionably weakened the case for the Association. This is an unfortunate incident and probably will have a considerable bearing on the final outcome. It is ironical that in Alberta the labs operating under the Public Health Act oppose any suggestion that the Health Act provisions should be extended to include the labs now operating ethically.

7. To counter the indicated attitude of the Minister of Health, favoring the adoption of the Alberta arrangement, the Manitoba Association presented to the Minister a plan to set up a prosthetic clinic, manned by dentists on a voluntary basis, which would be available to the public for denture services at a considerably lower fee than could possibly be rendered from a private office. This might be more or less effective in Manitoba where the illegal labs are confined to Winnipeg, hence only one such clinic would need to be

established, but in other provinces with more large centres where the illicit labs operate, it would mean the establishment of several clinics to combat the illicit practitioners. This arrangement has been suggested and considered on previous occasions and this Committee is of the opinion that it is visionary, impractical and unworkable over any considerable period of time. The effectiveness of the idea is very questionable as well.

8. In Manitoba, as in other provinces, the illicit labs have developed a considerable measure of public support and publicize the fact that they are practicing illegally. One problem that arises there more than in British Columbia is the low ratio of dentists to population, about 1 to 3800. Here, again, this controversy has drawn the attention of the Government to the need for a dental school. What may come out of this is problematical but, if this need can be impressed sufficiently on the Government, it may have considerable bearing on the efforts of the illicit practitioners. If the public can be convinced that the lack of dentists may be related directly to illegal practice, there could be a significant reversal of opinion.

9. In New Brunswick, the situation appears to be quite involved. The Dental Society, the legal body of the province, applied for a court injunction against an individual mechanic who, from reports, had been well established on an illegal basis. Correspondence indicates that the injunction was granted but appealed on technicalities, the appeal involving the Attorney-General, since the appellant pleads that a section of the New Brunswick Act is ultra vires of the B.N.A. Act.

10. In the interval, seven technicians had given notice of a private bill requesting the right "to fit, make and repair dental prosthetic appliances within the province of New Brunswick." Further to this bill was notice of another private bill to amend the New Brunswick Act, removing the authority of the Dental Society to restrain by injunction anything done in contravention of the Dental Act of 1953. Both bills were sponsored by the group supporting the mechanic appealing the injunction against him. Both bills were referred to the corporations committee of the legislature where solicitors for both parties involved, the Society and the mechanics, presented arguments. At this stage, the attitude of the committee alarmed the representatives of the Society and they decided help was needed, so put in a hurry-up call for Dr. Gullett to appear on very short notice. After much difficulty with transportation, he was able to arrange to be on hand. Following his presentation, the committee reported unfavorably on both bills. This is probably only a temporary respite and more trouble may be expected before and during the next session of the legislature.

11. In the meantime, apparently, the ethical technicians are waking to the fact that their livelihood is being endangered and they are organizing on some basis, though at what stage this may be at present is not known. The New Brunswick Society has indicated its desire to assist them to attain some status which will give stability to their vocation.

AUXILIARY SERVICES

12. In Quebec, the campaign carried on by the provincial Board against the illicit labs is apparently showing some results in certain sections of the province. In that province, the dental technicians are an incorporated body; each technician must, under the Act, be a member. Apparently, a considerable number, particularly in the larger centres, do not bother with this formality but operate on an independent basis. It is against these individuals and some members of the technicians' association that the Board has been actively prosecuting. Unfortunately, the Laboratory Association itself has not been too active in policing its own members. The provincial Board and representatives of the technicians' association have held a meeting to discuss the possibility of instituting an accreditation plan and Dr. Forest, the Registrar, believes that this offers the best opportunity of controlling illegal practice. It is somewhat difficult to understand why in Quebec technicians are comparatively inactive in helping to control illegal operators, while in Ontario, the only other province where they have a legal body, they give the provincial Board a great deal of assistance in this respect.

13. At the recent session of the legislature in Nova Scotia, the provincial Board applied for amendments to the Act which would help control illegal practice. From news clippings, it can be surmised that there were probably two such amendments introduced, though no definite information is at hand: one to introduce a prescription requirement, the other to make the possession of certain dental equipment in any location an offence, except in the office of a dentist in good standing. Apparently these proposed sections ran into considerable opposition from the ethical laboratories, though reports are sometimes garbled. Perhaps the provincial Registrar would clarify the situation for this body during the session. This appears to be the first indication from Nova Scotia that they may have a technicians problem on their hands along with other provinces.

14. Prince Edward Island, Newfoundland and Saskatchewan have, to date, reported no serious difficulties with illegal practice by technicians.

15. As most of the Board of Governors well know, the Alberta Board has been faced with a situation for over twenty years that does not exist elsewhere in North America, nor, so far as is known, in the world. There is no possibility, under existing conditions, for the ethical technicians' association, as they would like, to become an incorporated body as in Ontario and Quebec. Before they could do so, government would have to be assured of the support of a big majority of technicians. Under the conditions in that province, the illicit labs, though ostensibly operating legally, use these provisions only as a cloak and, since there is a considerable number, they oppose such a suggestion violently. The ethical technicians, in the Fall of 1955, indicated that they wished to reorganize. At a meeting with them, the provincial board suggested that possibly an accreditation plan might be developed which would assist and help to protect them against the operations of the

illicit laboratories. This plan is in the process of development at the present time but there is nothing final to report.

16. One thing stands out in reports from all provinces: the difficulty of obtaining acceptable evidence for prosecution of illegal practice and the failure of all provincial governments to enforce their own statutes. Another factor is the reluctance of legislatures to approve provisions which would restrict illegal practice. These two handicaps are worthy of a great deal of study by provincial Boards.

17. In the recommendations of the committee reporting on the report of the Committee on Auxiliary Services last year, a resolution was endorsed "that the Provincial Dental Legal Bodies be requested to cooperate with and offer assistance to the ethical dental labs in the conduct of their organization." This is, as noted, purely a provincial problem and under our laws must remain so but too much emphasis cannot be placed on the importance of the principle of assistance. It is recognized that there are problems involved that vary from province to province and, too, that frequently there is no fine dividing line between the personnel in ethical laboratories and those who step over the boundaries on occasion or frequently. There are also legal factors in each province which complicate such efforts locally.

18. It was also recommended in the report on the report last year that the Committee "be charged with the responsibility of establishing liaison between the provincial legal bodies for the purpose of combating illegal practice." This means simply that each province should be kept informed on what each other provincial board is doing. This is desirable but presents a problem in operation, since there is a tendency for the activities of the committees of the provincial boards to pile up immediately prior to the sessions of the legislature. This has been noticeable over the years. It is the opinion of this Committee that there is a tendency on the part of the provincial Boards to put off preparing presentations until too late in the year. It would be much more effective if each Board would develop its brief to go before government departments or legislatures immediately following the adjournment of the last legislatures. It would also be desirable that any such brief should be immediately available for the information of all other provincial boards.

19. Illegal practice is an increasing problem and is going to remain in the forefront for a long time. This Committee recommends that each provincial board appoint a Committee to act in liaison with the Committee on Auxiliary Services on a day to day basis so that a continuing sequential record may be kept.

20. Over the years and particularly more recently when immediate denture service has become routine procedure, it is evident that by far the greater part of the bickering and dissention between patient and dentist is caused by lack of proper explanation by the dentist, on the one hand, and lack of

AUXILIARY SERVICES

understanding on the part of the patient, on the other, of the conditions which exist and which will continue to occur following the insertion of dentures, particularly regarding immediate dentures. For this problem, the dentist must assume most of the responsibility in that, in most cases, he does not:

- (1) establish an agreed fee for a service in the first place,
- (2) explain properly the changes in the oral structures that are going to occur,
- (3) explain to the patient what the results will be,
- (4) explain to the patient that any subsequent services necessitated by these tissue changes will require an added fee,
- (5) review all these points with the patient upon insertion of the dentures.

21. It is the opinion of this Committee that this is an important factor in public relations and, therefore, the Committee recommends to this Board that it consider the desirability of printing and making available to all members of the Canadian Dental Association, whether directly or through provincial legal bodies, at approximately cost price, a properly prepared, small manual or booklet, to be issued to each denture patient by the dentist on insertion of dentures; this booklet to explain fully the changes that occur in mouth tissues and the need for a continuing service required by every denture wearer.

22. Your Committee wishes to present to this Board, for consideration, a problem on a matter of policy, i.e. whether it is advisable for a professional body to present proposals for amendments or new sections to its regulating act in the form of a private bill. A private bill means that party principles and lines are not at stake and, in effect, that the government believes the subject to be too contentious, even amongst its own members, to risk a stand. Unless a government is willing to introduce such a bill as a government measure, there is great danger that undesirable legislation may result.

Supplement

REPORT ON THE CHICAGO WORKSHOP STUDY

March, 1956

1. At the request of the Secretary, the Chairman of this Committee attended a workshop study on the training and vocational requirements of dental laboratory technicians, sponsored jointly by the Council on Dental Education and the Council on Dental Trade and Laboratory Relations of the American Dental Association, held in the Morrison Hotel, Chicago, March 5, 6 and 7, 1956. The field of discussion covered every phase of

professional-laboratory relations with particular emphasis on academic requirements. The meeting is a development of two previous meetings in May and December, 1955, sponsored by the Council on Dental Education.

2. About 100 individuals attended the meeting, representative of all laboratory and professional groups involved from all sections of the United States, but asked specifically to deliberate as individuals only.

3. It should be understood that the Council on Dental Education had established requirements for the accreditation of schools for the training of dental laboratory technicians in 1946 and these had been approved by the House of Delegates of the American Dental Association in 1948. Under this approval four schools have already established training classes for technicians, two of them in the technical field only.

4. From the meeting it was established that it was desirable to organize formal training classes on both academic and technical bases and a suggested curriculum was drafted. It is probable that henceforth more formal courses will be established.

5. The status of technicians and their relation to the profession were defined very carefully and it was evident that the representatives of the technicians' national group in the States were anxious to raise the standard of education and training of the individual technician.

6. The full report on the workshop study has been made to the Council on Dental Education of our Association and was reviewed at a recent meeting. This short report is intended merely to inform this Board of developments in the United States which may be reflected in Canada in the future.

COMMENT, SUGGESTION AND RESOLUTION

We wish to commend the Auxiliary Services Committee for its excellent report.

1. & 2. Informative.

3. Informative. We commend the Council of the College of Dental Surgeons of British Columbia for their actions.

4.-6. Informative.

7. Informative and we agree that the principle of instituting prosthetic clinics for the purpose of competing with the illicit laboratories for the patronage of the public is not in the best interests of either the public or the profession.

8. The following resolution is presented:

"That we commend the Government of Manitoba for its action in

AUXILIARY SERVICES

relation to consideration of the needs for the establishment of a Faculty of Dentistry at the University of Manitoba and recommend that a suitable resolution to this effect be drafted and forwarded to them”.

9. Informative.
10. We commend the action of the Society and Dr. Gullett.
- 11.-13. Informative.
14. Noted.
15. Informative.
16. We concur.
17. Informative.
18. We heartily concur and suggest that this be brought to the attention of the provincial boards.
19. We concur in the Committee's recommendation.
20. We agree.
21. We agree and are happy to report that such a booklet by the C.D.A. is now nearing completion.
22. We concur and recommend that the Board of Governors bring to the attention of the corporate members of the Association the undesirability of presenting private bills relating to the practice of dentistry.

We recommend the adoption of the Report of the Auxiliary Services Committee with resolution.

APPROVED

MEMBERS OF BY-LAWS COMMITTEE: *J. Stanley Bagnall, Chairman, Halifax, N.S.; G. L. Cameron, Ottawa, Ont.; S. A. Moore, London, Ont.; G. M. Dewis, Halifax, N.S.*

REPORT

1. It is stated in paragraph 4 that one of the duties of the By-laws Committee shall be: "To point out any procedure in the conduct of the business of the Association which is not in accord with the By-laws." We believe it is very important that this Association adhere closely to the By-laws since these were approved by the Corporate Members and any suggested amendment must be submitted to the Corporate Members three months in advance of the Board of Governors meeting.
2. It is further stated in paragraph 1 of the duties of the By-laws Committee: "To recommend amendments to the Constitutional and Administrative By-laws when considered necessary."
3. It is our opinion that in accordance with these provisions that the correct procedure would be for the Board or Executive to outline the reasons for, and suggestions for, change in the By-laws, as has been done in the past. Then the proper steps to amend the By-laws, could be taken and we would not then be in the anomalous position of having to prepare a By-Law to regularize an action already taken.
4. We note in the Proceedings of the 1955 meeting that two actions were taken by the Board which, in our opinion, are not in accordance with the By-Laws. These were the change in manner of appointment of the Secretary-Treasurer and the nomination of honorary members. Both of these are considered below.
5. It appears from paragraph 11 on page 22 of the 1955 Proceedings that consideration had been given at the 1954 meeting of the need for a longer term appointment of the Secretary-Treasurer than the method of annual appointment which is laid down in Clause IV, Sec. 6 of the Administrative By-Laws.
6. We quite appreciate, and are in sympathy with, the desire to give so valuable an officer of the Association a greater security of tenure than is provided in the present method of an annual appointment. We assume also that a procedure which was workable under conditions of the past may not now be satisfactory. However, we believe that any amendment which is made should be more far reaching than a change designed only to meet present conditions. We would ask for direction from the Executive Committee which would explain the problem and so guide us in proposing an amendment which would more adequately meet changed conditions.

BY-LAWS

7. Reference is made in paragraph 17 (page 20) of the Report of the Executive Committee that the system of recommendation for honorary membership be altered. We understand that Article II, Sec. 3 of the Constitutional By-Laws has been found to be unsatisfactory for some time and it has been impossible to carry it out in practice. If the above noted section is read carefully, it will be seen to be unworkable in that it is not possible for the Nominating Committee to propose a name, or names, have it approved and obtain the consent of the nominee in time to have him present at the general meeting of the Association. The logical alternative would appear to be that the Executive Committee, rather than the Nominating Committee, propose the name, or names, of those to be so honored. While we have been advised in a recent letter by the Secretary that it has not been found possible as yet to work out a completely satisfactory method of election it would still seem logical to transfer the responsibility for this selection from the Nominating to the Executive Committee and therefore submit the following proposed changes in the By-Laws.

8. Resolved, that Article II, Sec. 3 of the Constitutional By-laws be amended by deleting the words "Nominating Committee" in line 7 and substituting therefore the words "Executive Committee."

9. It does not appear that any change is necessary in the General Terms of Reference applying to the Nominating Committee as given on page 36 of the booklet.

10. Attention is directed to Terms of Reference for the Nominating Committee (p. 36) which states, in part, that it: "should include one or more past presidents." This was overlooked when the Committee was appointed last year.

11. We suggest that some steps might be taken which would assist the work of this Committee in the event that either the Board, or the Executive, or both, has reason to believe that some change should be made in the By-laws. Our difficulty is that we are at present frequently in the dark as to the desire for, and reasons for change. We do not receive copies of the minutes of the Executive and have only the abbreviated published Proceedings of the annual meetings. If possible, some action might be taken which would provide us with a more complete background for the proposed change.

ACTION

Following discussion the Board approved the Report of the By-laws Committee voting unanimously in favour of the proposed amendment contained in item 8 above. As required under Article IX of the Constitutional By-laws this amendment was presented at the Association Meeting on Monday, June 4th at which time the vote was favourable.

MEMBERS OF '56 CONVENTION COMMITTEE: *H. Baden Powell, Chairman, Calgary, Alta.; R. R. McIntyre, Calgary, Alta.; Don W. Gullett, Toronto, Ont.; J. Zimmerman, Calgary, Alta.; R. A. Rooney, Edmonton, Alta.; Ross Upton, Calgary, Alta.; R. L. Rasmussen, Calgary, Alta.; C. Spencer Lea, Calgary, Alta.; A. C. Steeves, Calgary, Alta.; E. R. Upton, Calgary, Alta.; G. C. Swann, Calgary, Alta.; L. K. Brooks, Calgary, Alta.; W. A. Nixon, Calgary, Alta.; J. A. Duncan, Calgary, Alta.; J. S. Goodfellow, Calgary, Alta.; M. K. Stack, Calgary, Alta.; J. A. Gibson, Calgary, Alta.; J. C. Waddell, Calgary, Alta.; G. N. Findlay, Calgary, Alta.; R. Ehlert, Calgary, Alta.*

REPORT

1. Your Convention Committee have completed all plans for the Board of Governors meeting to be held in the Banff Springs Hotel on May 30th, 31st and June 1st and 2nd. The management of the hotel have been most co-operative and we wish to thank them for reserving 4 large bedrooms for the use of the C.D.A. Committees and as a general office. The general meetings of the Board of Governors will be held in the Ball Room.

2. Dr. Alex Duncan, Chairman of our Accommodation Committee has done an excellent job in looking after the advance registration and securing accommodation for all. This work necessitates a lot of correspondence and he has had a very capable stenographer in the person of his wife. As of April 15th, 1956, we have an advance registration of 235 dentists, and on May 29th advance registration of 340 dentists. It is interesting to note that 95% of the dentists attending are bringing their wives.

3. The program for the Scientific part of the Convention has been completed under the chairmanship of Dr. Lorne Brooks. He and his committee have secured the following essayists:

- (i) Dr. H. M. Worth of Vancouver, B.C. who will deliver three lectures on Dental Radiology.
- (ii) Dr. Arne F. Romnes, Head of the Department of Operative Dentistry, Northwestern University, Chicago, who will deliver three lectures on "Operative Dentistry."
- (iii) Dr. Sidney T. Williams of the University of Washington, St. Louis, will deliver three lectures on "Prosthetic Dentistry."
- (iv) Dr. Alton W. Moore of the School of Dentistry, University of Washington, Seattle has accepted the invitation of the Orthodontic Section of the C.D.A. to deliver the Grieve Memorial Lecture. This lecture will be given on Monday afternoon, June 4th and the subject will be "Orthodontic Ideals and Realities."
- (v) Dr. Frank Martin of Toronto is showing a film entitled "Crown and Bridge Procedure." This film is Dr. Martin's own work and it is being shown for the first time at the Convention.

CONVENTION

- (vi) The Canadian Society of Oral Surgeons are presenting a lecture on the subject "Oral Surgery."
4. Dr. W. A. Nixon, chairman of the Table Clinics Committee has worked hard and has secured 40 Table Clinics.
5. The other Committees have worked hard also but the majority of their work will be at the Convention. The work of these committees deals with Convention procedure, equipment and last minute details.
6. We are not having Exhibits as the Dental Dealers Association do not like to exhibit in summer resort hotels. The Ash-Temple Co., Denco Co., L. D. Caulk Co. and S. S. White have made contributions to the Convention expenses.
7. Some advertising has been secured for the printed program. We hope to sell enough advertising to pay for the printing of the program.
8. The Budget Committee has drawn up a budget as follows:

Revenue

1. Registration—considering a calculated paid attendance of 340 at \$30.00 each, including Ladies Registration Fee	\$10,200.00
2. Contributions and Advertising	1,250.00
Total	<u>\$11,450.00</u>

Expenditure

Registration	\$ 600.00	
Clinicians and Essayists	2,500.00	
Orchestra	120.00	
Ladies Committee	1,000.00	
Hosts Committee	800.00	
Signs	75.00	
Gratuities	1,000.00	
Publicity	500.00	
Golf	150.00	
Art Exhibit	25.00	
Table Clinics and Visual Education	400.00	
Equipment	350.00	
General Arrangements	500.00	
Miscellaneous	980.00	\$ 9,000.00

There is a budgeted surplus of \$2,000.00 plus which we fully expect to be used in one way or another before the Convention is completed.

9. As the hotel is run on the American plan, there will be no charge to delegates for luncheon meetings. On Monday June 4th the luncheon is under the sponsorship of the C.D.A. and all arrangements are in the hands of the President and Secretary. Tuesday luncheon is being sponsored by the Government of the Province of Alberta, who have made a grant of \$1,000.00 toward the luncheon. Premier Manning has promised to be the guest speaker, but will not give a definite answer till the latter part of April. Since the Premier is unable to attend, The Honourable Gordon E. Taylor, Minister of Highways and Telephones will address the Convention. Dr. Ellis D. Sox, Medical Officer of Health of the City and County of San Francisco will present an address on fluoridation.

10. The Ladies Committee under the chairmanship of Mrs. G. Locke are working and promise a good time for all the ladies that attend the Convention.

11. The Dental Nurses and Assistants program is in charge of the Calgary Dental Nurses Society. They have arranged a good program. The Nurses Association will attend the Tuesday luncheon and the Table Clinic program.

12. The Publicity Committee under the chairmanship of Dr. G. C. Swann have done a good job. The advance registration shows the results of their work. Their final effort will be the April issue of the C.D.A. Journal.

13. The Presidents' Dinner and Dance will be held on Wednesday evening June 6th. The program will be short. The orchestra at the hotel will put on a good Floor Show and dancing will conclude the evening.

14. Every evening after dinner a Concert Trio gives a Concert in the Mount Stephen Hall of the hotel, and then the orchestra plays for dancing in the Ball Room. There is no charge to hotel guests for either of these features and arrangements have been made for any delegate outside the hotel to attend.

COMMENT AND RESOLUTION

1. & 2. Noted with approval.
3. We commend the Committee on their selection of essayists.
4. We commend the Committee on the selection of table clinics.
- 5.-9. Noted with approval.
10. We congratulate the Ladies Committee for its efforts in planning an entertaining and interesting programme for the ladies attending the convention.
11. Noted with approval.

CONVENTION

12. We commend the Committee for the fine work accomplished in publicity and present the following resolution:

Whereas complete and thorough publicity is desirable in order to disseminate Convention information as broadly as possible, and

Whereas this publicity contributes greatly to the success of any convention, therefore be it

Resolved that future Convention Committees take cognizance of this necessity for early and adequate publicity and take appropriate action to provide the Journal with the necessary information in sufficient time to be available for the Journal issue which *appears three months in advance* of the month of the Convention.

13. & 14. Noted with approval and appreciation.

We wish to extend our congratulations to the General Chairman and the Chairmen of the various committees and all those who have contributed in helping to produce a programme which would appear to be most interesting, instructive and entertaining.

We recommend the adoption of the Report of the 1956 Convention Committee with the foregoing resolution.

APPROVED

MEMBERS OF THE COUNCIL ON DENTAL EDUCATION: *Roy G. Ellis, Chairman, Toronto, Ont.; H. W. Reid, Toronto, Ont.; J. D. McLean, Halifax, N.S.; W. S. Hamilton, Edmonton, Alta.; J. A. Fortier, Montreal, P.Q.; Wm. Miller, Vancouver, B.C.*

REPORT

1. (a) The meeting of the Council was held at Canadian Dental Association Headquarters, April 23 and 24, with full membership present. By invitation the following were also present: Dean A. C. Lewis, Chairman of the Survey Team; Dr. A. L. Walsh, member of the Survey Team; Dr. S. Peterson, Secretary, Council on Dental Education, American Dental Association; Dean Ernest Charron, Montreal; Dean J. McCutcheon, McGill; Dr. W. J. Dunn, Editor of the Journal of the Canadian Dental Association; and Dr. Harry K. Brown, Consultant, Dental Division, Department of National Health and Welfare, was present for part of the meeting.

(b) The following presented reports to the Council on special topics on the Agenda:

Miss A. Hebert; Dr. P. G. Anderson; Dr. J. H. Johnson; Dr. D. M. Tanner.

(c) Since the last meeting in January 1955 Dean D. Prescott Mowry a member of the Council had passed away and the following resolution was adopted with a standing vote:

“THAT the Council on Dental Education being most cognizant of the splendid contributions of Dr. D. P. Mowry to the deliberations of this Council and to the cause of Dental Education in Canada, and realizing the great personal esteem in which he was held, does hereby record its sincere regret at his passing which occurred since the last meeting of this Council and further that a letter be sent to Mrs. Mowry expressing these thoughts.”

2. The Council considered the observation in the President's report, 1955, that “students about to graduate receive, instruction respecting the importance of organized dentistry.” After discussion of this item it was conceded that all Canadian dental schools provide instruction on this topic. However, the Council agreed to the suggestion, that they should make a special effort in arranging for the President and Secretary of the Association to speak to the graduating classes on the occasion of the annual visit of these officers to the areas where the schools are located.

3. A resolution contained in the report of the reference committee on the Annual Report of the Health Insurance Studies Committee was considered respecting “the need for dentists and the better distribution of new graduates.” Reference was made in the discussion by representatives of the

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schools to the efforts which they are already making in this connection. It is observed, however, that this was a problem which can only be solved through the cooperative effort of the schools and the provincial dental boards.

4. Scientific Exhibitions

A communication from the officials arranging the 12th F.D.I. Congress requesting Historico-Scientific Exhibitions was read. After considerable discussion the following resolution was adopted:

THAT in respect to the Historico-Scientific Exhibitions at the F.D.I. Congress in September 1957, in view of the fact that we do not consider it opportune to present such an exhibit that we do not participate at this time, but that the matter be kept under consideration for action at some future date.

The Council expressed the feeling that a well-prepared scientific exhibition respecting dental education in Canada should be assembled for future use. It was noted that similar requests were received from time to time from various parts of the world. It was the unanimous opinion of the Council and the Deans present that we should not submit anything until we had a presentation of the highest calibre.

5. Students' Register

In reviewing the Annual Students' Register comment was made respecting Table 8 of the Register which contains information on "the number of qualified applicants" received by dental schools each year. It was recognized that in preparing these figures variables were introduced according to the methods used by each school, and misinterpretation of these figures had already occurred. The following resolution was therefore adopted:

THAT the information contained in Table 8 of the Students' Register be restricted for use by the Council and the Deans of the various dental schools, and that this information be used by the Secretary at his discretion.

6. Report of Survey Team

(a) The main item on the long agenda was the final report of the Survey Team respecting Canadian dental schools. This composite report was presented by Dean Lewis, and it was because of the importance of this report that the Deans of the five Canadian schools were requested to be present. The Survey Team was congratulated and commended for the excellence of the final report which is appended as appendix C and the successful execution of this difficult five-year assignment. The major recommendation embodied in the report was that the five schools be approved.

(b) Many expressions of appreciation for what had been accomplished for the dental schools during the past five years were made by the Deans.

Indeed all members of the Council and others present, agreed that the progress achieved was beyond their most optimistic expectations at the beginning of this project. Recognition was given to the possibility that accreditation of the schools at this time might have a deterrent effect on further progress in respect to the needs of the schools. However, it was finally agreed that the statement made by the Survey Team, "that such weaknesses as do exist have been brought to the attention of the appropriate authorities, and the Survey Team has been assured that these will be corrected within a reasonable time" provides the answer to this question.

(c) In adopting the report of the Survey Team the Council recommended the accreditation of the five Canadian Dental Schools.

7. Future of Survey Team

(a) With the submission of this, their final report, it was agreed that the immediate objective of the Survey Team was completed. It was therefore decided to express to the members of the Survey Team sincere appreciation for their magnificent services to dental education and to disband the team.

(b) Immediately this action was approved the Council agreed unanimously to recommend that Dean A. C. Lewis be retained as consultant to the Council. Continuity for the work carried on by the Survey Team would be thus assured and provision made for the establishment of a future survey team, if and when one is required.

8. Conference — Dental Education

Dr. P. G. Anderson presented a report on the first teacher training conference conducted under the auspices of the Council on Dental Education and the Faculty of Dentistry, University of Toronto, in September 1955. It was recalled that the proposal to hold such conferences was made by the Survey Team in one of the earlier reports. The Ontario College of Education under the guidance of Dean A. C. Lewis gave outstanding leadership and provided the instruction during this three day meeting. A very generous grant from the Kellogg Foundation to the Council on Dental Education provided the necessary financial assistance. The success of the Conference was firstly shown by the willingness of the members of the Faculty staff, (the majority of them being part time) to leave their offices for this three day period in order to attend; and secondly by the enthusiasm for follow-up sessions to study the extensive manual of material presented during the Conference. Arrangements are proceeding for similar conferences to be held in Edmonton, Montreal and Halifax.

9. Extension — Teaching Facilities

The sub-committee of the Council on the extension of teaching facilities under the guidance of Dr. William Miller reported excellent progress being made with the plans for the construction of a new dental building at Dalhousie University; the provision of new equipment at the University

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of Montreal and McGill University; slow but encouraging progress for the provision of a new dental building at the University of Toronto; and the advancement of plans for the establishment of an entirely new dental school at the University of British Columbia. The report from this committee indicates that within the next few years increased facilities will be available for the training of dentists.

10. Under the able guidance of Miss Andree Hebert a draft of a brochure entitled: "Dental Hygiene as a Career for Women" was presented. It is indicated that the availability of this pamphlet in high schools should do much to stimulate the interest of young women in this course. This draft appears as Appendix B.

11. Survey of Anaesthesiology

A progress report presented by Dr. J. H. Johnson on a survey of anaesthesiology provided preliminary information on the teaching of this subject in the five dental schools. This study is being undertaken from the standpoints of (1) the legal status of dental anaesthesiology in the various provinces; (2) the status of the teaching of this subject in the dental schools; and (3) a report based on the completed questionnaires from dental practitioners across Canada in regard to the extent they use local and general anaesthesia in their offices, and problems relating thereto. This investigation is being guided by a committee with representation from the dental schools and members of the profession across Canada. Provision has been made to bring together a committee preferably at C.D.A. headquarters, to prepare the final report.

12. Teaching — Practice Management

The Health Insurance Studies Committee submitted the following resolution to the Council for consideration: "That this committee recommend to the Council on Dental Education that a study be made of the teaching of Practice Management in Canadian Dental Schools." The Council concurred in the necessity for such a study, and recalled that in the five-year plan of the future work of the Council, provision was made for conferences of dental teachers on subjects which seem to be most pressing. The teaching of Practice Management had already been mentioned as one of these subjects, and it was agreed that a conference should be held within the next two years.

13. Hospital Dental Services

A verbal report was presented by Dr. D. M. Tanner on some of the problems facing hospital dental services. While these problems are related more specifically to the status of dental services in hospitals, they do affect the provision of training facilities for dental internes and post-graduate students. It is urged that the problems facing dental services in hospitals should be resolved without delay.

14. Civil Defence

The responsibility of the Canadian dental schools in respect to the teaching of certain aspects of civil defense and the treatment of catastrophic injuries was brought to the attention of the Council. Various aspects of this responsibility were considered and the dean of each Canadian dental school was asked to review the teaching in this field in his respective school and to report on same at the next meeting of the Council.

15. National Dental Examining Board

The representatives from the Council to the National Dental Examining Board reported that at the 1955 series of examinations there was evidence of improvement in the papers written over those written in 1954. It was suggested that the relatively high failure rate in 1954 may have been a deterrent to those candidates who had borderline passes in their respective faculty examinations in 1955. However, evidence was provided by the representatives from the dental schools that frequently Faculty borderline candidates failed in the N.D.E.B. examinations, thus giving evidence of the high standards required to pass these national examinations.

16. Auxiliary Services

A report was received from the Auxiliary Services Committee prepared by Dr. R. A. Rooney and dealing with a workshop held in the United States in March 1956, on educational programmes for dental technicians. It was the opinion of those present at the Council meeting that for the time being the Canadian schools should move very carefully in relation to this subject. At the same time it was recognized that members of the profession should do everything possible to help improve the training of the laboratory technician.

17. Budget — 1957

The budget for 1957, which provides for a teacher training conference, and a conference on practice management, together with the routine work of the Committee was approved. It appears as Appendix A to this report.

Appendix A

COUNCIL ON DENTAL EDUCATION
BUDGET
FOR THE YEAR 1957

Income:

Canadian Dental Association Grant	\$ 3,500.00
Kellogg Foundation	
Survey	\$1,000.00
Teachers' Conference	640.00
	1,640.00
	5,140.00

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Expenditures:

Survey	1,250.00
Teachers' Training Conference	750.00
Committee Meeting	1,500.00
Conference: Practice Management	1,000.00
Sundries	500.00
	\$ 5,000.00
Surplus	\$ 140.00

Appendix B

“DENTAL HYGIENE AS A CAREER FOR WOMEN”

Dental disease is a great public health problem that effects every member of the population. To meet the challenge the dentist needs the assistance of auxiliary personnel. The most recent adjunct to the dental health team is the dental hygienist. She performs, both in the fields of public health and private practice, a number of the time consuming services otherwise provided by the dentist. It is by means of this teamwork that a larger portion of the population receives dental treatment and preventive care.

In 1914 the first course of study in dental hygiene was organized at Fones Clinic, Bridgeport, Connecticut, U.S.A. Since that time approximately 7000 dental hygienists have been trained in more than thirty Schools of Dental Hygiene.

The movement spread to Canada and other countries. In 1951 a two year course in dental hygiene leading to a diploma was established at the Faculty of Dentistry, University of Toronto.

Definition

A dental hygienist is defined as a Public Health Educator and an oral prophylactician, college trained and legally qualified auxiliary dental personnel. She promotes dental health through educational activities in schools, clinics and institutions, and performs operative prophylaxis for removal of stains, accretions and calcareous deposits from the surfaces of teeth, and other preventive services in clinics and private office consistent with the respective Provincial Dental Laws.

The Work

Although the work of the dental hygienist may differ with the field of action it, nevertheless, remains preventive in nature. In private practice it consists of: performing prophylactic treatments, scaling and polishing of the

teeth, charting, taking radiograms, counselling on home care of the mouth and managing the recall system. To some extent it may include dental assisting, clerical work and office management. In the field of public health her work is mostly educational, teaching to groups of people particularly children. These she reaches through community organizations, clinics and schools. Using illustrations, models and every teaching technique possible she enlists the cooperation of parents and children alike in promoting good habits of dental health.

Qualifications

A young girl of eighteen or more possessing a keen interest in humanity, social ability, judgment, good academic standing, manual dexterity and an appearance of cleanliness and tidiness has the attributes to succeed in the profession of dental hygiene. Furthermore to be considered for the course an applicant is required to submit a Grade XIII Certificate or its equivalent. It is important for the prospective dental hygienist to think over these demands before applying for admission to the course.

NO ONE OF THEM CAN BE OVER-LOOKED FOR THEY SPELL SUCCESS OR FAILURE.

Education

The dental hygiene curriculum extends over a period of two academic years. It includes: General and Dental Anatomy, Histology, Food Chemistry, Bacteriology, Pathology, Physiology, Pharmacology, Radiography, Dental Hygiene and Oral Prophylaxis, Dental Public Health, Dental Materials, Preventive Dentistry, Nutrition, Health Education, Office Assistance, English Expression, Psychology, Social Work, English literature. It is apparent from this above description that the prospective dental hygiene student must select with some guidance the subjects of the high school course. It is strongly advised that Chemistry and Zoology be included.

Cost

The cost of dental hygiene education or of any professional education is higher than that of an education in liberal arts. This is due largely to instruments and uniforms which the students must purchase; which, however they can reasonably hope to use after graduation. It is possible to obtain Dominion-Provincial bursaries upon an agreement from the applicant to practise in a public health programme for a determined length of time after graduation. This financial arrangement is a great advantage for the students who find it difficult to finance their education.

Trend

Five major factors favor the expansion of the dental hygiene movement:

- a. the profession is new.
- b. the number of students graduating each year is limited

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- c. the demand for dental hygienists in the field of private practice is growing
- d. the demand for dental hygienists in the field of public health is growing
- e. the professional life of a dental hygienist is relatively short (marriage).

The field is not overcrowded; the supply of graduates does not meet the present demand and will not do so for many years to come.

Dental Schools

At the present time only one Canadian dental school offers the course in dental hygiene.

Its address is:

The Faculty of Dentistry
University of Toronto
Toronto, Ontario

Applications and inquiries should be addressed to the Registrar of the University. It is essential to secure a copy of the calendar to learn the exact admission requirements, costs and nature of the courses.

Appendix C

DENTAL EDUCATION IN CANADA

1956

Report of A Six-Year Study

by

The Survey Committee, Council on Dental Education
of the
Canadian Dental Association

Chapter 1—INTRODUCTION

In 1950 the Council on Dental Education of the Canadian Dental Association appointed a Survey Committee to examine and report on the dental schools of Canada. Preliminary arrangements were made by the Council to enlist the assistance of the Kellogg Foundation. The dental schools of the United States had been surveyed, beginning in 1940, by the Council on Dental Education of the American Dental Association and classified for purposes of accreditation. An account of the survey may be found in *Dental Education Today**.

*Harlan H. Horner, *Dental Education Today* (The University of Chicago Press, Chicago, 1947).

An earlier study of dental education was made by W. J. Gies and was reported in 1926 as bulletin number nineteen, *Dental Education in the United States and Canada*, of The Carnegie Foundation for the Advancement of Teaching. Some of the early history of the Canadian schools may be found in this voluminous bulletin.

From the outset the committee members were aware of the heavy responsibility placed upon them and quickly set about to acquaint themselves with the tasks that lay before them. The responsibility of the committee was to examine the five dental schools and make a confidential report to the Head of the University and to the Dean of the Faculty of Dentistry; and finally to make a general report to the C.D.A. Council on Dental Education.

Beginning with the 1950-51 session the committee surveyed each of the schools three times — in 1950-51, in 1953-54 and in 1955-56. The ultimate objective of the study was to report to the C.D.A. Council on Dental Education as to the effectiveness of the programme of dental education in Canada today.

BRIEF HISTORICAL BACKGROUND

Since this report is likely to have wide distribution it seemed advisable to give a brief description of the background of each of the schools.

There are five dental schools in Canada each of which is a Faculty within the university on the same basis as other Faculties. These are located as follows:

University of Alberta, Edmonton, Alberta.

Dalhousie University, Halifax, Nova Scotia.

McGill University, Montreal, Province of Quebec.

University of Montreal, Montreal, Province of Quebec.

University of Toronto, Toronto, Ontario.

Alberta

A department of dentistry under the Faculty of Medicine was first established in 1918, and offered the pre-clinical programme only until 1925 when the four-year clinical programme was set up. The dental curriculum now consists of one pre-clinical year after honour matriculation followed by four clinical years. In 1930 the School of Dentistry replaced the department of dentistry and came under the control of a Director. The next step was the establishment of a Faculty of Dentistry in 1944, and the Director of the School became the Dean of the Faculty.

Dalhousie

The Nova Scotia Dental Association established the Maritime Dental College in 1908 which was controlled by the Provincial Dental Board of Nova Scotia. In 1912 the College was taken into Dalhousie University and became

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the Faculty of Dentistry located in the Forrest building where it has remained ever since.

McGill

Dental education began at McGill as a department of the Faculty of Medicine in 1904 and continued so until 1920 when a Faculty of Dentistry was established. The department was a continuation of the English section of the Dental College of the Province of Quebec which was organized in 1893. For further information see the paragraph under Montreal which follows.

Montreal

The background of dental education in the University of Montreal is a little more circuitous than that of McGill. The Dental College of the Province of Quebec, established in 1893, was under the supervision of the Board of Examiners of the Dental Association of the Province of Quebec and was affiliated with the University of Bishop's College until 1903. Instruction was in two sections, English and French. In 1903 the French section became the School of Dentistry at Laval University of the City of Quebec, and in 1921 became the Faculty of Dentistry of the University of Montreal. The University of Montreal was formed in 1921 but had been a part of Laval since 1878.

Toronto

Dental education in Ontario first came under the control of the Royal College of Dental Surgeons of Ontario which was incorporated in 1868. The School of Dentistry was established by the Royal College in 1875. In 1888 the School became affiliated with the University of Toronto and in 1889 the University graduated its first class, conferring the degree of Doctor of Dental Surgery. In 1925 the School of Dentistry became the Faculty of Dentistry. The University conducts examinations but the Royal College determines who shall be licensed to practice dentistry in Ontario.

This brief history of each of the schools leads up to the time when a Faculty of Dentistry was formed in each of the five universities. The first beginning of a formal study of dentistry in Canada goes back to 1875 at Toronto, but the first faculty of Dentistry was established at Dalhousie in 1912. The dates of the establishment of the Faculties of Dentistry are as follows:

1912—Dalhousie
1921—Montreal
1925—Toronto
1920—McGill
1944—Alberta.

It is interesting to note that the periods of varying metamorphoses of the five schools eventually led to the establishment of a Faculty of Dentistry for each school. This of course was not a mere accident or coincidence. Dental Associations in the United States and Canada are responsible in

large measure for the advance of dental education to its present status. The glorious isolationism of some of the dental schools of this continent in earlier days has been removed through the activities of these associations. The monumental study by W. J. Gies for the Carnegie Foundation for the Advancement of Teaching,—*Dental Education in the United States and Canada* (1927) — refers in general terms (page 37) to the Canadian schools as follows:

The history of dentistry in Canada has been closely analagous, in character, to that in the United States, and, as there has been complete freedom of intercourse between the dentists of both countries, much of the Canadian dental history is interwoven with that of the United States. Many Canadian dentists received their early professional training in the dental schools in the United States. Canadians are members of several of the national dental associations in this country, and welcome visitors and speakers at the meetings of practically all of the American dental organizations. In each Canadian province the practice of dentistry is regulated by statute independently of medicine. The Canadian Dental Association, an organization of the practitioners, was founded in 1902.

The Council on Dental Education, established in 1945, of the Canadian Dental Association has been very active in raising the standards of dental education in Canada. At the meeting of the Council in June 1948 a report on "Requirements for the Approval of a Dental School" was adopted and this report has had a salutary effect on the programmes offered by the schools even though the five-year pattern consisting of at least one year of approved work in an accredited academic college for admission to a four-year curriculum was standard in all schools in 1925.

Chapter II—THE SURVEY

The Survey Committee, after acquainting itself with the plan used in the United States to inspect the dental schools for the purposes of accreditation, adapted the American plan for use in the Canadian schools. It was not the function of the Canadian committee to visit the schools with a view to accreditation in the same way that accreditation has meaning to the United States schools or to accrediting agencies in the United States. In Canada the National Conference of Canadian Universities approves of an institution of higher learning by admitting it to membership in the Conference after a favourable report by a committee of the National Conference charged with the responsibility of inspecting the institution. This procedure is a form of accreditation. All five Universities in which there is a dental school have long since been members of the National Conference. However, the term "accreditation" is of significance in the evaluation made by the Committee for it is expected that this report of the Canadian dental

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schools made to the C.D.A. Council on Dental Education can be transmitted to the Council on Dental Education of the American Dental Association so that they might use the report with a view to including the schools approved by this Committee on the listing of accredited schools issued by the A.D.A. Council on Dental Education.

The Survey Committee has made three visits to the five schools in the sessions 1950-51, 1953-54, 1955-56 and have sent a confidential report after each visit to the Head of the University with a copy to the Dean of the Faculty of Dentistry. Each report contained specific recommendations for improvement of the total programme. Many of the recommendations have been implemented and there has been ample evidence that there exists the keenest desire in all five universities to raise the level of dental education so that it will be equal to that found anywhere.

In the pamphlet entitled "Requirements for the Approval of a Dental School" the Council on Dental Education is to

"discuss and recommend alterations in dental education for the improvement and welfare of students of dentistry in order to produce graduates equipped with adequate knowledge to fulfil all the requirements of the practice of dentistry and to take their proper positions in society as a whole."

The Survey Committee used the pamphlet as a guide so that a report could be made to the Council on all matters deemed by the Council as contributing to the essentials of a satisfactory programme of dental education. The different topics listed in the pamphlet are:

1. Admission of Students
2. Course of Instruction
3. Subjects of Study
4. Hospital Relationship
5. Relationship between Faculties of Dentistry and Medicine
6. Staff of Faculty
7. University Relationship
8. Financial Administration
9. Building and Equipment
10. Library Facilities.

This report takes cognizance of these various topics but will not deal specifically with each topic as was done in the individual reports sent to the universities.

Chapter III—STUDENTS

The committee satisfied itself that the students on admission met the minimum academic requirements which are one year in Arts and Science of an approved university beyond the level of what is commonly known as

senior matriculation. Since the matter of elementary and secondary education is under the control of the province the courses to the level of senior matriculation in the different provinces are not alike but all students for admission to the dental schools must include the sciences necessary to pursue the study of basic sciences and clinical dentistry. Physics, chemistry and biology are the sciences offered in the secondary school and in arts and science of the the university or college. It was found that many of the students held academic standards much beyond the requirements. Graduate students could be found in the First Dental Year in any of the schools. Because of the different pattern of education in the Roman Catholic Schools and Colleges of Quebec all applicants to the First Dental Year at Montreal hold the bachelor's degree in arts or science and must also have an adequate knowledge of science, and adherence to these requirements almost decimated the enrolment for three or four years. The other four schools have almost identical admission procedures.

The table below shows the enrolment in the five schools as of January 1st, 1956. The first column of figures indicates the normal number to be admitted each year.

University	Normal	I	II	III	IV	Total
Alberta	30	27	30	28	30	115
Dalhousie	12	12	11	11	13	47
McGill	35	35	36	31	34	136
Montreal	60	51	52	37	21	161
Toronto	65	74	80	78	78	310
TOTAL	202	199	209	185	176	769

There has been no expansion of facilities to increase the enrolment for the past 25 years. During this period the population has grown rapidly until at the present time there is a great dearth of dentists. Plans are being made to increase the annual enrolment at Dalhousie to 24 per year and at Toronto to 120 per year. This will increase the total output of the schools per year by one third. The establishment of new schools in other areas is contemplated.

For several years it will be increasingly difficult to secure more applicants because students who will enter the universities next September were born 18 or 19 years ago when the birth-rate per thousand was very low. It was not until 1940 and 1941 that the birth-rate began to rise rapidly. This increased group will knock on the university doors in 1959 or 1960 to enter the various university courses. Four or five years later the larger enrolment will graduate from the universities. In the meantime those occupations which require university graduates will have to get along as best they can with the limited personnel. The expanding economy is feeling the pinch of lack of manpower now, largely because of the lower birth-rate during the depression years of the thirties. The struggle of the professions and other occupations to lure young people to their ranks has never been as keen as it is today.

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Many youth are virtually kidnapped by promise of riches before they have had time to complete a secondary education. This snatching is going on apace as the young person tries to pursue his education. The only way to salvage some of the brighter students to enable them to complete their education is to offer them scholarships and bursaries. Corporations and benefactors are beginning to realize this and are providing more and more financial aid.

Chapter IV—CURRICULUM

Formal dental education on this continent is comparatively new, beginning at Baltimore College of Dental Surgery in 1840 with the first graduates in 1841. Although dentistry has been practised for centuries on the continent of Europe, the only training before 1840 was by apprenticeship. As stated earlier in this report dental education began in Canada at Toronto in 1875. Prior to this time Canadian dentists were trained largely in the schools of the United States. At present practically all of them are trained in the Canadian Schools.

The four-year curriculum with the prerequisite of two years of arts and science is the basic curriculum for the preparation of general practitioners. In spite of occasional demands for longer training the present pattern is likely to stay for many years. Specialization is possible through graduate and post-graduate courses in dental schools that offer them. The subjects that appear in the modern programme of a dental school on this continent are almost identical, yet the presentation of the courses varies from school to school. The Council on Dental Education sets out the subjects of the curriculum as follows:

Anatomy	Histology	Medicine—	Materia Medica
Anaesthesiology	Endodontics	General & Oral	Physiology
Bacteriology	Ethics	Operative	Public Health
Biochemistry	Jurisprudence	Dentistry	Prosthodontics
Dental Anatomy	Practice	Orthodontics	Roentgenology
Dental Materials	Management	Pathology	Surgery—General
Pedodontics	History of	Periodontics	and Oral
Diagnosis	Dentistry	Pharmacology	
Embryology	Hygiene		

These subjects are offered with varying emphasis in all five schools. No rigid pattern is expected or desired. Each school is free to place emphasis where it seems necessary in order to meet the aims and objectives of the school. The new subject of preventive dentistry is gradually emerging. It consists of the many aspects of prevention gathered together under the direction of a staff member to avoid duplication and to emphasize all aspects of prevention. More and more attention is being placed on prevention, but the dentist must always be thoroughly trained to repair when prevention becomes impossible. The committee has continually pointed out the urgency

to keep abreast of the knowledge of oral ills and methods of combatting them. To do this with a wholly inadequate supply of dentists is a disheartening task, but one of the first steps would seem to be to concentrate on the broad field of public health by organizing within the school a highly co-ordinated programme of prevention.

Over the five-year period there has developed a greater awareness by the undergraduates of the possibilities of orthodontics in the field of the general practitioner. This does not mean that there isn't a very definite place for the specialist in orthodontics where serious conditions have developed. The committee is of the opinion that preventive and interceptive orthodontics should find a substantial place in the undergraduate course so that the general practitioner will be able to recognize ordinary cases of incipient malocclusion and to provide the necessary treatment to halt and correct them. Even though this service may be provided by the general practitioner there will still be plenty of work for the specialist.

An observer from the field of general education is struck by the high percentage of time devoted to prosthodontics in teaching the necessary basic skills. So much time learning the skills for full-denture prosthesis, partial denture and crown and bridge seems like getting expertly trained personnel to lock the stable after the horse is stolen. There is no doubt that many skills must be thoroughly learned, and, since so much time is consumed in the process, it is imperative that one person should be charged with the responsibility of organizing the basic techniques. It seems desirable that the instructor in dental materials might well undertake the teaching of basic techniques for all departments. He should be able to streamline the basic procedures and thus prevent duplication. At least one school has been so successful as to improve the techniques tremendously and to reduce the time devoted to this aspect of dentistry by several hundred hours.

As the curriculum of the dental school undergoes constant change it becomes apparent that departments are no longer able to operate independently. The teaching of preventive dentistry and basic techniques for example, should be cooperative enterprises involving several departments. Also the teaching of basic sciences is not as effective as it could be if there existed better integration with clinical dentistry than is found in any dental school. Instructors in the clinical courses should have a close relationship with and consult those teaching basic sciences so that in addition to a good general course in a basic science subject there could be special emphasis on particular aspects of dental teaching. Such integration should enable the clinical instructor to know what basic science work the student has taken when he arrives at the clinic. Dental education is not a series of isolated courses any longer. The science of dentistry at its best involves a closely integrated dental curriculum where every subject fits into the whole pattern much as any part of a jigsaw puzzle fits exactly into the whole pattern. This is the trend in

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dental education today. Any school which ignores the necessity for integration is obstructing the wheels of progress.

A large part of the report submitted to a university, after an inspection was completed, pertained to instruction in individual subjects, and the Faculties of Dentistry have given serious attention to suggestions made. This general report contains none of those specific suggestions with respect to any school. The committee did not find much variation in subjects or time devoted to them. Some of the time-tables have shown a tendency to be overcrowded. Each instructor generally wants more time for his subject but a pursuit of that policy will have a rapid accumulative effect. A heavy time-table deprives a student from making effective use of the library and also leaves him with little time for relaxation. Every staff member should study his own techniques of teaching so that he can reduce the hours of instruction without reducing the effectiveness of his subject. Sometimes it becomes imperative for the Dean to adopt an authoritative control and reduce hours of instruction to force the instructor to cut his pattern according to the cloth. The number of hours that an instructor talks is no guarantee that a proportionate amount of knowledge is being imparted.

Chapter V—HOSPITAL RELATIONSHIP

This chapter should perhaps be a part of the previous chapter on curriculum rather than a sequel to it. The Council's pamphlet on Requirements (p. 8) is worthy of repetition here.

“Accessibility for dental students to an approved general hospital affords opportunity for the student to view those conditions not common to the clinic of the dental school and broadens his knowledge of oral diseases and their relationship to general diseases of the body as a whole. The Council is of the opinion that such relationship is essential in order that the student may be fitted to take up his position in the field of health service.”

This statement leaves little to be desired. An examination of the actual hospital relationships that existed at the outset of the study in 1950 left the committee with a feeling that there was much work to be done. Hospital relationship has steadily improved but is not yet fully satisfactory. An ideal relationship would place the dental service in a hospital on the same footing as the medical service. This type of relationship has not been fully realized by hospital authorities but Faculties of Dentistry are not unaware of what is needed and are making efforts to improve the situation. Perhaps the most ideal solution obtains at McGill where the spacious clinic is entirely within the new Montreal General Hospital. A visit to this clinic would be well worth the time and expenditure involved.

Chapter VI—STAFF

The Table below indicates the number of teaching staff and undergraduates at present in the schools.

	Alberta	Dalhousie	McGill	Montreal	Toronto	Total
Full-time	3	2	2	9	14	30
Part-time	24	32	74	32	82	244
Total	27	34	76	41	96	274
Undergraduates	115	47	136	161	310	769*

The staff figures do not include demonstrators or instructors in basic sciences.

There is considerable variation in the ratio of students to staff but there has been no attempt to relate the total number of teaching hours. The part time staff members vary greatly in the number of hours per week devoted to teaching. To get a true evaluation of numbers it would be necessary to calculate the equivalent number of full-time staff for each school. The committee felt that the total instructional time was for the most part adequate. Some departments were short of staff but attention was drawn to this in the individual reports. None of the schools should have fewer than 5 full-time members if it is possible to secure them. Some of the full-time members have some limited hours for private practice. It is probably necessary to permit such practice in order to attract the right persons to these posts. Most university salaries are considerably below the income of a successful dental practitioner and the committee agrees that thought should be given to the best type of limited practice that might be allowed. The Deans are aware of the attitude of the committee with respect to full-time appointments and specific recommendations have been made.

No school can be wholly effective unless it has a good percentage of part-time instructors. These members bring the experience of an active practice to their teaching. They are not likely ever to become theorists where they keep themselves abreast of the problems of the practice of dentistry. The part-time staff plays a very important part in the total dental programme.

Some of the full-time staff carry too heavy a load. The long hours of the average clinical teacher leave him little time or energy for relaxation or for scholarly pursuits. A comparison of his load with that of the average faculty member in some other parts of the university would reveal the need for increased dental staffs in most of the schools.

Although many of the instructors may have had teacher training there are some who would profit by an opportunity to improve their method of instruction. In September 1955 a three-day teacher-training conference was

*See page 79

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held at the Toronto School and most of the staff were in attendance for the three days. Furthermore there was a representative present from each of the other four dental schools. This conference was made possible through the cooperation of the Ontario College of Education. Plans are afoot to hold a similar conference in one or more of the other schools. The local School of Education will not doubt assist in this enterprise as far as it is able to do. The Kellogg Foundation very generously assisted financially with the Toronto Conference.

The Dean of the Faculty should be constantly on the alert to seize opportunities to send promising young dentists to other schools to take graduate courses where they express their willingness to return to the staff. Foundations have been generous in offering fellowships to assist these potential teachers, and many of the staff have taken graduate degrees with such assistance. It is imperative that this practice be continued if the school hopes to maintain a place among the better schools of the continent. Each teacher helps to set the level of instruction and it therefore behooves every faculty to make provision for the best possible training of its staff. Universities are notoriously short of funds and are often dependent upon bursaries, scholarships and fellowships from generous donors to assist in the upgrading of the staff.

Too many part-time instructors are raised to the rank of full professor, no doubt to attract the person to the staff for a position which carried high prestige rather than satisfactory remuneration. Professorial rank should be reached only after long and arduous work in the field of teaching. It should carry with it high qualifications and proven ability as a teacher. Moreover, it should not be lightly conferred where the time devoted by the skilled practitioner to dental education is a small fraction of the week's work. Full professorship is a high distinction "not attained by sudden flight" but won by those who "while their companions slept were toiling upward in the night."

Chapter VII—FURTHER EDUCATION

Every school is under obligation to graduate only those who are able to carry on a satisfactory dental practice. This is the first and most important objective of each of the five schools. More recently some of the schools have developed graduate, postgraduate and refresher courses which have enhanced the work and reputation of the school. In one school the hospital has begun an educational programme called an internship. This is no doubt a forerunner of similar developments elsewhere. Enrolment in graduate courses leading to higher degrees is small and will be so for many years. The same can be said for postgraduate enrolment of practitioners who undertake courses leading, after one year or more of study, to certification as specialists. Refresher courses, however, are different and can be undertaken by any school, be it large or small, where there is a determination to bring short courses of even a few days duration to the members of the profession in the community. Most

of the schools attempt this with considerable success. This is the kind of activity that brings the profession and the school together.

The field of research is just beginning to be explored except in certain well known isolated cases. Research suffers not so much from the size of the school as from the lack of advanced training of the staff.

A good core of full-time personnel with a background of graduate and post-graduate training will want to carry on research for the sheer desire to push back the frontiers of knowledge. An enthusiastic research student will find equipment to work with or make it. Dentistry in Canada is aware of the importance of research, but except for sporadic attempts in the past, research is very recent. Comparatively substantial amounts of money have been raised recently by and from the profession to support research, and active programmes are developing which should be commended and supported. Heavy teaching assignments which consume the time and energy of teachers are handicaps to research. Toronto and Montreal have taken the lead in the field of dental research largely because they have full-time personnel to direct it.

The training of dental hygienists is new in this country and has been introduced through the generosity of one of the foundations. Toronto has an annual class of ten and hopes to expand this number in the near future. Alberta and Dalhousie expect to establish a course for dental hygienists as soon as conditions are favourable. The course is of two years' duration and is well received. Dental nurses are trained in a one-year programme at the Toronto school; and this course has been in operation for years.

Chapter VIII—UNIVERSITY RELATIONSHIP

Twelve years ago the University of Alberta established a Faculty of Dentistry, and since that time all dental schools of Canada have been in charge of a Faculty which has the same relationship to the University as any other Faculty. This is ample evidence that the dental profession has attained maturity and is no longer under the protective wing of medicine. The orientation of the schools is now complete and Faculties of Dentistry within the university are there to stay. Under this framework the future problems of dental education will be solved.

Chapter IX—THE PROBLEMS OF TODAY

— A —

The Council of Dental Education has succeeded in establishing the recognition by the dental schools of a basic minimum requirement. The pamphlet on "Requirements —" has had the desired effect of standardizing the basic program of dental education without taking away from the schools the freedom to present their courses as seems best for each to meet its own

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objectives. Dental education is never static and the schools are so organized as to take advantage of the latest in dental research. Facts and principles change and the schools are quick to adopt these changes. Subjects of instruction seem to be well established and the future changes will be of varying emphasis on topics within the established subjects. Methods of presentation will change too. The facts of television are sufficiently advanced to make the schools conscious of the great possibilities of observing the clinical practices of operative dentistry on the television screen rather than in the oral cavity. The writer has often wondered how four or five pairs of eyes could view an oral cavity very successfully when the operator's head and hands were in the way. Closed television circuits are bound to appear on the scene as a most effective visual aid just as still and movie colour films have done. All this presupposes that the staff is efficient, alert and well trained. Expensive equipment is wasted in the hands of a poor teacher and the committee hopes that the administrative authorities can be convinced that the provision of an adequate staff has top priority.

None of the schools is unaware of the immediate problems with which it is faced. The curriculum has been pretty well through the fiery crucible and is established. The basic science teachers have long since developed excellent courses for the foundations of medical study and those same teachers are giving the same basic science instruction, with modifications here and there, to dental students. There is really no problem in this field of dental education. The problems rather lie in the direction of more, and better trained staff, of increased numbers of full-time appointees and of improving and increasing the plants and their equipment. The output of dentists is far below the urgent need. There has been no expansion of facilities for a quarter of a century. Increased accommodation of existing schools and the establishment of new schools are pressing problems. Were it not for the increased span of life brought about by new discoveries in the treatment of the sick the situation would be much worse. Since 1900 the population of this continent has about doubled while the number of those from 45 to 65 has tripled, and those over 65 have quadrupled. These older people are holding the fort as best they can until the new army of post war babies begins to emerge from the universities. The physical facilities must be ready for them. Six of the ten provinces have no dental school and are not able to secure enough dentists for their needs.

— B —

There follows now a brief statement of the problems facing the several schools — problems of which each school is aware.

In Alberta the laboratories are crowded and not well ventilated. Certain other accommodations and new equipment have been recommended. There has been until recently a dearth of full-time staff but steps have been and are being taken to remedy this.

There are two main problems for Dalhousie to solve; one is to obtain more full-time staff and the other is to improve and increase the accommodation so that larger classes can be enrolled. To remedy these there is a vigorous attempt to secure the necessary full-time staff personnel; and plans for a new dental building are well advanced so that the school should be able to enrol a class of 24 instead of 12, and also to accommodate a class of 10 or 12 dental hygienists.

The McGill dental school has made great strides in the improvement of plant and equipment. The laboratories have been fitted with complete new equipment and the lighting has been improved. A new clinic has been provided in the New Montreal General Hospital. The main problem now is to establish a good balance between full-time and part-time staff.

The dental school of the University of Montreal has undergone a complete metamorphosis with respect to laboratory and clinic equipment. Everything is new and modern and the lighting has been vastly improved. The main problem now is to secure sufficient applicants with a good grounding in science to enable the school to operate to capacity. Substantial progress has been made in this direction and is continuing. More staff will be needed to provide instruction for the larger classes. When the new university hospital is completed the hospital relationship should be greatly improved.

The major project at Toronto is the construction of a new dental building to be located close to the Hospital for Sick Children. It will accommodate a class of 120 instead of 65 as at present. Furthermore it is planned to enrol a class of 35 to 50 dental hygienists. The building now occupied by the school has served since 1909 and was enlarged by an addition in 1920.

Some of the lesser recommendations are of a type that might become necessary in any school at any time. If and when the major recommendations are put into effect the quality of dental education in Canada should be of the highest order. The strengthening of the staffs in the manner suggested both as to upgrading and increasing the number will have the effect of improving the undergraduate programme and of expanding what is referred to in this report as "Further Education."

The committee would like to say that the greatest freedom should be given each of the Faculties of Dentistry to work out its own individual programme. There has been no thought of trying to dictate to any university what it should or should not do. The Committee members agree that a modern physical plant, well equipped, contributes greatly to the effectiveness of teaching. But this requirement takes second place to a well-qualified staff. The basic education, the professional experience and the zeal and personality of the teacher is of utmost importance. With teachers of this type the Council can depend upon them to provide the highest type of dental education. If there is a teacher of lesser worth on the staff the Dean knows better than anyone else what his deficiencies are, and can be depended upon

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to take steps to improve the instruction. While the Council indicates in "Requirements —" the subjects of study that it expects to find in the curriculum, it leaves entirely to the individual school the time that shall be given to each subject, and its sequence in the entire programme. In this way interesting and worthwhile experiments are encouraged. The committee tried to disseminate those experiments that were successful as it went from school to school. The committee appraised what it found and tried to elevate the level of all the schools. If the members had any success in their efforts it was due in large measure to the fullest cooperation of the Universities and Faculties of Dentistry.

No effort has been made to rank the schools in order of merit by assigning marks to certain basic factors such as admissions, course of instruction, staff, university relationship, financial administration, building, equipment, libraries, hospital relationship, and the like. Everyone is aware that such procedure at best is subject to great variation due to personal evaluation. It is true that every school showed deficiencies in one or more of these areas but all the schools are established on a permanent basis under a Faculty of Dentistry within a recognized university. Such weaknesses as do now exist have been brought to the attention of the responsible authorities, and the survey committee has been assured that these will be corrected within a reasonable time. Furthermore the survey committee is confident that the Faculties are vigorously attacking their problems so as to provide the highest type of dental education.

It is recommended that the five schools be approved and that they look to the C.D.A. Council on Dental Education to make sure that all schools continue to observe the minimum requirements which are now or may hereafter be established, and that they do not regard the Council's solicitude in any sense as an invasion of their rights but as an agency for their advancement.

A. C. LEWIS, M.A., D.Pæd., Chairman
H. W. REID, D.D.S., F.D.S., R.C.S. (Eng.)
A. L. WALSH, D.D.S., F.D.S., R.C.S. (Eng.)

COMMENT, RECOMMENDATION AND RESOLUTION

1. (a) & (b) Noted.
(c) We concur and wish to reiterate the sentiments expressed.
2. Agreed.
3. No comment.
4. We concur and recommend action be taken in this matter.
5. Agreed.

6. (a) Noted and approved.
(b) Noted.
(c) We note with satisfaction this action. We have just been informed through the Secretary that the Council on Dental Education of the American Dental Association has voted unanimously to add the five Canadian Dental Schools to its listing of Accredited Dental Schools. This action is in no small measure due to the confidence held by the A.D.A. in our Secretary.
7. (a) We concur.
(b) We have just been informed that Dr. Lewis has accepted this position.
8. A tentative programme has been set up as follows:

December 1956	— Alberta
September 1957	— Montreal
May 1958	— Dalhousie
9. Noted with satisfaction.
10. Noted with satisfaction and we recommend a wide distribution of this pamphlet.
11. Noted.
12. We commend.
13. Agreed.
14. We present the following resolution:

RESOLUTION — Re - CIVIL DEFENCE

WHEREAS the problem of Civil Defence is being given increasing attention throughout Canada, and

WHEREAS organized dentistry in the United States is taking an active part in the training of American dentists in Civil Defence, and

WHEREAS the American Dental Association is represented on the Staff of the Civil Defence Administration Staff College by a full-time dental consultant, and

WHEREAS the Canadian Medical Association is adequately represented on General Worthington's Staff while there is no dental representation, and

WHEREAS it is considered essential that the Canadian Dental Association take an active part in the training of Canadian dentists in Civil Defence, therefore be it

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RESOLVED that the Canadian Dental Association take immediate action to have a full-time dental representative added to the Staff of the Federal Administrator of Civil Defence in order that an adequate plan may be developed to train dentists to take an active part in Civil Defence on the National, Provincial, and local level including the teaching of certain aspects of Civil Defence to undergraduates in the Canadian Dental Schools.

15. Noted with satisfaction.

16. Agreed.

17. Approved.

We recommend the adoption of the Report of the Council on Dental Education with resolution.

APPROVED

During the discussion of Appendix B. of the Report of the Council on Dental Education the following motion was passed:

MOTION: Anderson-Racey:

That the Board of Governors in session at Banff go on record in expressing their thanks to Miss Hebert for her contribution in the draft of a brochure entitled "Dental Hygiene as a Career for Women".

APPROVED

MEMBERS OF THE DENTAL PUBLIC HEALTH COMMITTEE: *Arthur Poyntz, Chairman, 412 Scollard Bldg., Victoria, B.C.; Alex Gunning, 605 Scollard Bldg., Victoria, B.C.; J. A. Chambers, 301 Westminster Trust Bldg., New Westminster, B.C.; W. Milburn, 304 Scollard Bldg., Victoria, B.C.; W. A. MacDonald, 508 Bank of Toronto Bldg., Victoria, B.C.*

REPORT

1. The different Provinces are more and more taking a greater interest in National Health Week. Ontario has been leading the way for the past few years, then Alberta followed suit, and for the last three years has put on splendid programs of a week's duration. This year British Columbia and Manitoba have arranged splendid week long programs, and spent a great deal of time and money to make them successful. They are using the press, radio and television, besides pamphlets, lectures, etc. to emphasize the importance of dental health.
2. By the time this report is published a new pamphlet prepared by this committee entitled, "Your New Dentures" should be ready for sale at a nominal cost. We would advise all dentists providing prosthetic service to get a supply of these pamphlets and give one to each patient they fit with dentures. We feel by doing so, many of the misunderstandings that have arisen between patients and dentists in the past will be eliminated and will result in many more satisfied patients.
3. We would like to compliment the Federal Department of Health on the proposed revised edition of the Dental Health Manual.
4. A number of radio scripts obtained from the American Dental Association, and the Alberta Dental Association were reviewed and revised as we thought necessary for Canadian distribution. We would like to express our thanks and appreciation to the two Associations.
5. It is rather disappointing that our towns and cities have been so tardy in adopting the plan of fluoridation of communal waters, at the same time we commend those municipalities that have adopted this plan. There has been a great deal of publicity on this subject through the press, over the radio and by many dentists giving talks to different organizations. However, there is a small minority of the public doing all in their power to hinder and block the carrying out of this worthwhile project.
6. By the great number of news clippings we received dealing with dental public health it is apparent that the press is starting to realize the importance of dental health, and that the reading public is greatly interested. Fluoridation has once again received a great amount of favorable publicity.

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7. Most of the provinces are improving and expanding their dental public health programs with gratifying results. However, some of these programs are being curtailed owing to lack of personnel. Turn to Appendix C for further details.

8. A study was made of the New Zealand Dental Nurses' Plan and a resumé and comments are to be found in Appendix B.

9.(a) During the past year there has been considerable diversity of opinion among our members engaged in public health activities, as to what constitutes the policy of the Canadian Dental Association in respect to Dental Public Health. They have requested that a revised policy on dental public health be made available.

(b) Your committee has spent considerable time in drawing up the following policy on Dental Public Health which we have tried to keep as brief as possible and yet cover the salient points.

(c) We beg to submit the following policy for your consideration in Appendix A.

10. For the next year we suggest that each province be encouraged to promote a dental health week.

11. A budget of five hundred dollars.

(a) development of material

(b) incidental expenses

(c) to continue efforts in establishing a good dental health program.

Appendix A.

DENTAL PUBLIC HEALTH POLICY

The need for dental care arises from the high prevalence of tooth decay, diseases of the supporting structures of the teeth, abnormalities of dental-facial growth and development, and malignancies of the mouth.

These conditions are largely preventable and where not preventable by the use of present knowledge, they lend themselves to early diagnosis and treatment.

Progress in the discovery and improvement of preventive and treatment measures, depends upon the increase of knowledge through research.

**The Canadian Dental Association
affirms that Public Oral Health Programmes
to combat oral disease:**

(a) Should be organized and conducted in a systematic manner.

(b) Should be based upon research and prevention and upon the control

of presently non-preventable disease by early detection and prompt treatment.

- (c) Should motivate members of the community to assume personal responsibility for oral health and to that end should carry on continuous dental public health education.
- (d) Should function as an integrated part of the overall community health program, and under the supervision and direction of a dentist, who, wherever possible should be trained in public health.

**Therefore, the Dental Public Health Policy
of the Canadian Dental Association
shall be:**

- (1) To encourage further dental research.
- (2) To encourage and assist in prevention by:
 - (a) Intense and continuous health education throughout the community, with particular emphasis on the importance of those preventive measures which can be performed only by the individual himself, or as a member of his family group.
 - (b) The use of those preventive measures which can be provided through community organizations such as fluoridation.
 - (c) The use of those preventive services which can be rendered by the dental profession and its auxiliaries, such as topical fluorides.
- (3) To encourage the early diagnosis and systematic treatment of those conditions which cannot be prevented in the light of present scientific knowledge.
- (4) To encourage the establishment of adequate facilities for the training of dentists and dental auxiliary personnel and to seek their more effective utilization in health programs.

Appendix A-1.

EXPLANATION OF POLICY

I The foregoing statement of policy is predicated upon the present knowledge of what can be done to prevent and control tooth decay, dento-facial abnormalities of growth and development, periodontal disease, and oral malignancies. There can be no doubt that the public can best be served through the constant growth of that body of knowledge by scientific research.

II The dental profession recognizes its responsibility to convey to the public directly, and through organized public health channels, and all other agencies interested in the health education of the public, any such knowledge that may be effectively used in the preservation of oral health and function.

DENTAL PUBLIC HEALTH

III Preventive Measures Fall Into Four Categories:

- (i) Those which are the responsibility of the individual, and can be carried out only by him; e.g. a proper routine of oral cleansing, good nutrition and good dietary habits, with particular attention to the avoidance of excessive use of sweet foods.
- (ii) Those which are the normal responsibility of the family; e.g., mouth care of the very young child, good family eating habits, maintenance of good oral health practices within the family group.
- (iii) Those which are the responsibility of the community and can be carried out only through community action; e.g. fluoridation, use of community educational facilities.
- (iv) Those which can be obtained through the dental profession and its auxiliaries; e.g. topical fluorides, regular examination, early treatment.

IV The orderly introduction and effective integration into a dental health program of the presently known preventive measures would reduce the prevalence of tooth decay to a level where it could be controlled by treatment.

V The most effective and economical way of controlling the residuum of caries after all presently known preventive measures have been exercised by the individual and by the community, is early systematic diagnosis and treatment, beginning with the pre-school child. Such treatment is also an important preventive measure against malocclusion and periodontal disease.

VI In order to carry into effect the policy stated above an immediate extension of the facilities to train dentists, dental hygienists and dental assistants is urgently needed. In addition to a considerable increase in dental personnel, along with plans for further increases to keep pace with Canada's growing population there is a need to work towards their most systematic, effective and economical utilization in health programmes.

Appendix B

COMMENTS ON NEW ZEALAND DENTAL NURSES PLAN

1. After studying the various reports on the New Zealand Dental Nurses Scheme there seems little we can add to the previous comprehensive reports compiled by different committees.
2. We are including in this report a résumé of the following reports.
Experiments in Dental Care by John T. Fulton, D.D.S.: Report on the Study of Dental Public Health Service in New Zealand by Allen O.

Gruebbel, D.D.S., M.P.H., and Report of the United Kingdom Dental Mission on New Zealand Dental Nurses, and extracts from different dental journals, and one from Dean R. G. Ellis.

3. However, we would like to include the following comments:

- (a) From the present day knowledge and Canadian concepts we feel that this scheme would not be in the best interests of the public in Canada.
- (b) There is a diversity of opinion in the different reports on the success of this scheme in New Zealand.
- (c) A two year dental course is inadequate to properly prepare a person to carry out proper dental care.
- (d) It endangers the high standards of dentistry as a health service.
- (e) It would discourage young men of high calibre from entering the dental profession.
- (f) It would lower the high standards of dentistry that have been obtained throughout the years.
- (g) To serve the demands of the public for a high standard of dentistry it has been found necessary for the dental faculties to lengthen the dental course to the present six years.
- (h) The most important time for a person to receive proper dental care is in childhood therefore a child should receive the best dental care available and not be turned over to a technician for that care.
- (i) Should a similar scheme become established in Canada there is a grave possibility of the present professional man losing his status and becoming a technician.
- (j) One lesson to be learned is to use our dental ancillaries to much more advantage than we have in the past. A great deal of the dentists' time could be saved by making more use of these dental ancillaries than we do at present.
- (k) Facilities should be increased to train more dental hygienists to fill the increasing demand. The number graduating in Canada is insufficient to meet this need.

The saving of training costs which is expected from the reduction of the training period for school dental nurses is, in the long run when compared with that of dental surgeons, dissipated by the high wastage inherent in the School Dental Nurses' Scheme, and there is, from the financial point of view, nothing to recommend such a scheme to the public.

Australian Journal of Dentistry 1952

Panic legislation is seldom good legislation. The present deplorable position of the school dental service is the direct result of the failure of

DENTAL PUBLIC HEALTH

successive Governments and local authorities to take long views about the proper use of the available dental manpower. It would be a disaster if the future expansion of the profession, which is desirable, were to be postponed indefinitely as a result of employing partly-trained ancillary workers in order to meet the present emergency. It has to be remembered also, that it will be some years before any such experiment could be expected to bring any considerable measure of assistance to the school service, and, unless it is from the first a hopeless failure, many more years before the comparative value of the scheme could be accurately assessed. In the meantime, money and effort, which could conceivably have been devoted to the training of dental surgeons, will have been dissipated on training semi-dentists. It is difficult to believe that, in the long run, this would be to the advantage of either the public or the profession.

Dean Roy G. Ellis

The School dental nurse in New Zealand is given responsibility in examination and treatment beyond her education and experience in diagnosis.

The National Dental Service of New Zealand as a treatment service has contributed nothing to the status of dentistry as a positive health service.

The school dental nurse is a well-trained, capable, operative technician. Her responsibilities in diagnosis and treatment planning far exceed her training for this important aspect of dentistry for children, to the detriment of the child patient.

The dental profession has been responsible in no small measure for reducing the most important aspect of the practice of dentistry, namely dentistry for children, to the status of a technical service.

Had an effective dental health program preceded the introduction of the treatment service, the National Dental Service of New Zealand would have presented a vastly different complexion today. Nevertheless recognizing the need for health education, a well conceived program is being pressed with the utmost vigor.

The National Dental Service is economically unsound. In spite of the doughy effort being made to maintain a high standard of service to those eligible to receive treatment, the service is losing ground as the child population increases, and the backlog of need expands. Hence the present cost per child must rise. This trend will continue until such time as preventive and control measures reduce the incidence of dental disease. The latter will take place only when dental health education and research become effective.

Finally, one can envisage the acceptance of the operative technician for children giving place to other phases of dentistry being delegated to technical services.

New Zealand Dental Journal, 1952

As reported in the January issue of the Journal, the Executive Council of the Association on Monday 17th September 1951, passed a resolution which we hope to be a milestone in the history of dentistry in New Zealand.

That this Executive Council supports the principle that the dental profession should re-establish contact and responsibility for the dental treatment of children, and that the Government should assume financial responsibility for those children choosing treatment from a private practitioner—as is the case in the present State Dental Service as well as the Adolescent Service.

British Dental Journal — 1952

From an examination of the available information relating to the School Dental Nurses' Scheme operated by the New Zealand Government, it would appear unlikely that the introduction of a similar scheme into this country would improve upon the dental services which could be obtained if the usual methods of training dental personnel were vigorously approved. In particular it would:

- (a) Not improve the quality of dental services.
- (b) Not reduce the cost of training and,
- (c) Not constitute a sound, long term policy for increasing the number of dental personnel available to our population.

REPORT OF THE UNITED KINGDOM DENTAL MISSION ON NEW ZEALAND SCHOOL DENTAL NURSES

Mission Members:

R. V. Bradlaw, C.B.E., D.D.Sc., M.D.S., F.R.C.S., F.D.S.R.C.S.
 T. H. J. Douglas, F.R.F.P.S., F.D.S.R.C.S., L.D.S.
 H. T. Roper-Hall, M.B., Ch.B., M.D.S., F.D.S.F.R.C.S., L.R.C.P.
 W. G. Senior, O.B.E., Ph.D., F.D.S.R.C.S.
 A. T. Wynne, M.B., Ch.B., B.D.S., F.D.S.R.C.S.

Appointed by the Ministry of Health.

Mission started at Wellington 18th. Feb. 1950.

Itinerary covered the whole of New Zealand.

Visited 50 clinics, and saw 100 dental nurses at work in the field.

Interviewed 350 dentists, (1½ practising).

The Inception & Development of the School Dental Nurse Scheme

Movement started in 1905. School Dentists. Appointed 1919.

Sir Thomas Hunter appointed 1920 who suggested young women of school certificate standard be trained to care for the dental health of the school children.

1921 to 1928 course established and work started.

Average is now aimed at 150 each year.

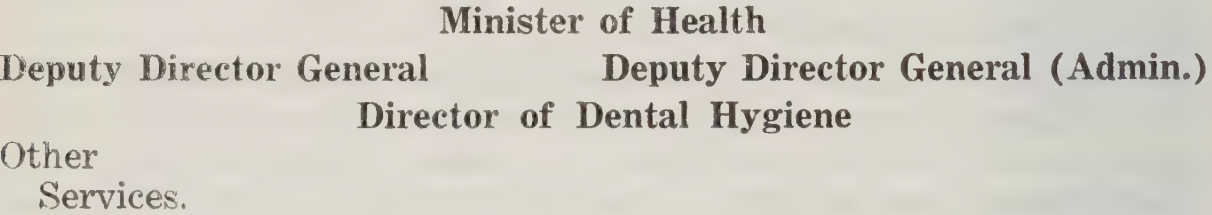
DENTAL PUBLIC HEALTH

By 1945 primary, intermediate and some pre-school population were regularly under dental care.

Factors which have Influenced the Development of the Scheme.

- N.Z. population 1,875,000.
- Child " 590,000.
- Practicing dentists 650.1 for 2890 population.
- High incidence of dental caries and great demand for treatment.

Organization of Health Services



Preschool and school children to age 12 are the responsibility of the school nurse.

Adolescent service by participating dentists. (Private practitioners on a fee for service basis).

The Principal Dental Officer of the region is responsible for the approval of payment for and the standard of treatment carried out.

Director of Dental Hygiene

<i>Asst. Director Training</i>	<i>Principal Dental Officer</i>	<i>Principal Dental Officer</i>	<i>Dental Research Officer</i>	<i>Senior Exec. Officer</i>
<i>Principal of Dental Nurses School</i>	<i>Orthodontics</i>	<i>Health Education</i>		
	<i>Dental Research</i>	<i>Public Relations</i>		

Principal Dental Officers in Various Localities

DIRECTOR OF DENTAL HYGIENE

DEPUTY DIRECTOR

School Dental Service

Personnel & Equipment

<i>Asst. Director (Training)</i>	<i>Principal Dental Officer</i>	<i>Principal Dental Officer</i>	<i>Dental Research Officer</i>	<i>Senior Executive Officer</i>
<i>Principal of Dental Nurses School</i>	<i>Orthodontics</i>	<i>Health Education</i>		
	<i>Dental Research</i>	<i>Public Relations</i>		

6 Principal Dental Officers
in Various Localities

Dominion Training School

opened 1940 — Wellington

Patients — pre-school & school children to age 11.

Student dental nurses receive salary of 165£ first year and 50£ lodging allowance and 190£ plus 40£ for second year.

Training

Instruction — 2 years — 4 periods of 6 months each.

Primary Course — 1st 6 months

Outline of duties

Poster Work

Hygiene

Dental Anatomy

Anatomy

Histology

Physiology

Use & Care of Equipment

Intermediate Course — 2nd 6 months

Operative Dentistry

General Pathology

Materia Medica

Dental Surgery and Pathology

Local Anaesthesia & Extractions

Clinical Records

History & Ethics of Nursing

Child Welfare

Orthodontics

Final Course — 3rd 6 months

Operative Dentistry

Dental Health Education

Organization & Administration.

Final Course — 4th 6 months

Operative Dentistry

Tracking methods (Training College)

Tutorial Classes.

— 350 hrs. practical

At the end of each course there is a written and practical exam and a system of grading throughout the course.

DENTAL PUBLIC HEALTH

2nd — 6 months

Operative Dentistry
General Pathology
Materia Medica
Dental Surgery
Local Anaesthesia & Extractions
Clinical Records
History and Ethics of Nursing
Child Welfare
Orthodontics.

Second Year — 3rd six months

Operative Dentistry
Dental Health Education
Organization and Administration

4th 6 months

Operative Dentistry
Teaching Methods
Tutorial Classes.

At the end of each course there is a written and practical examination.

Student Nurse Wastage — at start — 20%

then up to war fell to 9.6% and now is 6.8%.

Organization of School Dental Services

Each nurse is responsible for 500 children to treat in 6 months, re-examine in six monthly periods. A parent may enroll a child 5-7 by written consent. If not enrolled child must first be made dentally fit by private practitioner at parents expense.

School clinics are situated within the school.

School Dental Clinic Committees

Representatives of School committees with representatives of other bodies and private individuals (Local dentist or clerics) with the School concerned as Chairman or Secretary.

Output of Work

Each Nurse

1. Expected to treat 20 new enrolled children each month or examine and retreat 100 revision cases.
2. Concentrate on the younger age group.

Standard of Treatment

The clinical standard of the final year students remarkably high.

Cavity preparations and finishing of filling excellent.
A high standard of oral hygiene.

Dental Health Education

The nurses are encouraged to bring dental health education into everyday life of the clinics.

Pamphlets.

Posters, etc.

Dental Research

Dental research is carried out in conjunction with the Dental committee of the N.Z. Medical Research Council.

Results of topical application of Sodium Fluoride is being carried out.

Supervision of School Dental Nurses

Principal Dental Office

Dental Nurse Inspector

Regular inspections of the various clinics were made.

School Dental Service Gazette

Issued every two months—a well printed and illustrated official Journal. Lists procedure to be followed besides suggestions for posters, plays, etc.

Orthodontics

Special category—a principal officer (orthodontics) is in charge in Wellington. In the field the whole, or part time Dental officers are expected to devote some time to this work.

Wastage of School Dental Nurses

Overall yearly wastage—10%

A trainee is required to serve for not less than 3 years after training. The chief reason for resignation is marriage.

Finance

Gross cost of training approximately 600 £ (\$156.00) for the 2 years of this £355 represent salary.

Annual cost of treatment per child £1. 8s. 11d.

Reaction of the Public and Dental Profession

The scheme had full support of the profession. The N.Z.D.A. takes, and no doubt with a good deal of justice, much credit for the institution and development of the scheme.

The reaction of the public was that there should be no question of the value or usefulness of the School Dental Nurse.

DENTAL PUBLIC HEALTH

Conclusion

The training of the New Zealand School Dental Nurse has resulted in a high standard of technical efficiency in the treatment of children.

Essential Features

1. Central control of training, and employment.
2. Establishment of clinics on school premises.
3. Strict limitation of number of children treated.
4. Treatment limited to enrolled children in regular attendance.
5. Provision of facilities for research and dental health education.

EXPERIMENT IN DENTAL CARE

Results of New Zealand Use of Dental Nurses

by

J. F. Fulton, D.D.S., Dental Services Advisor Bureau,
School Security Administration, Federal Security
Agency, Washington, D.C.

A dental examination was made of 4072 school children aged 7-14 years. The study disclosed that the prevalence of dental caries is high in New Zealand. The average seven year old New Zealand school-child had two permanent teeth attacked by caries. This attack rate increased by one additional tooth each year, so that by age 14 average child had 10 permanent teeth showing evidence of caries. At the age of 7 the average New Zealand school-child had 5-6 deciduous molars attacked by caries.

The components of the decayed, missing and filled reveal a high rate of treatment in this group of children. At all ages, a large proportion of the attacked teeth had been filled. Three quarters of the decayed, missing, filled, at the age of seven and 86% at the age of 14 appeared as filled. More than five of the attacked deciduous molars had also been filled at the age of seven.

Tooth mortality (missing) is the end result of lack of treatment. In New Zealand school children tooth mortality was low, at the age of 14 averaging less than one-half missing tooth per child.

Since the New Zealand findings show that the number of decayed teeth amounts to one-half tooth per child per year, it would appear that the dental care of these children has been maintained at a high level.

Thus to the extent that a high proportion of attacked teeth have been treated in the form of fillings, and to the extent that a low tooth mortality

rate has been achieved, these findings indicate that New Zealand's public dental program has gained a large measure of success in controlling the effects of dental caries in school children.

This study did not measure the state of health of the supporting tissue of the mouth or the extent of malocclusion, neither was an attempt made to evaluate the program in terms of what is ideal care for the individual child.

School dental clinics in New Zealand are operated by dental nurses. These women are employed and trained exclusively by the Department of Health. The training period covers two years, a total of 1608 hours. At the completion of the training period, the dental nurse is assigned to a school dental clinic. Under the general supervision of a dental officer of the health department, she performs examinations, prophylaxis, fillings, extractions, gum treatments, and dental health education for elementary school children.

This service is also available to any pre-school child. In the fiscal year 1949, an average of 715 children per nurse were cared for in the school dental clinics. On the average each child received 2.2 hours of service, comprising 6.5 operations for that year. Such clinic service was available to 97% of all the elementary schools—both public and private in New Zealand and 85% of the children in these schools were registered on the clinic rolls.

The school dental service as provided by the dental nurse ends when the child leaves the elementary school. Since 1947, the New Zealand public dental program has extended dental service for such children up to the age of 16. This care is furnished by practising dentists under contract with the Department of Health. Conservative dental treatment is given to children under this system on an agreed fee for service basis. In the fiscal year 1949, 488 dentists, about 73% of the practising dentists in New Zealand were under contract taking care of 77000 adolescents.

Figures furnished by the New Zealand Department of Health for the fiscal year 1949, showed that the total cost of the school dental service per child per annum was approximately £1. 8S. 11d. The average cost per completed dental treatment of the adolescent child in the same year was £3. 2S. 11d.

DENTAL PUBLIC HEALTH

REPORT ON THE STUDY OF DENTAL PUBLIC HEALTH SERVICES IN NEW ZEALAND

by

Allen O. Gruebbel, D.D.S., M.P.H., Chicago

This service has been in effect in New Zealand since 1921. Although a number of articles on the New Zealand plan have been published a great deal of information which is needed to determine the feasibility of using a similar plan in U.S. has been lacking.

In order to secure the necessary data, the Board of Trustees of the American Dental Association sent a representative, Dr. A. O. Gruebbel to New Zealand in February 1950 to make an objective and comprehensive study. The following is the discussion, comment and conclusion of this report.

The dental nurse plan was developed originally to cope with an extremely large dental caries problem among the children of New Zealand. This problem was made even more critical because of the small number of dentists in relation to population, and because few dentists were interested in treating children.

Sir Thomas Hunter the first director of the school dental service in personal interview, stated the scope of the school dental nurse has gone far beyond that originally proposed. Hunter organized the service on the basis of having the school dentist nurses fill simple cavities in primary teeth, perform simple extractions of primary teeth and routine dental cleaning, and give oral hygiene instruction to children and parents.

Hunter has the strong conviction that this dental service provided should not be free of charge, but there should be a means test and that families that can afford should pay the cost of the service. He believes however, with respect to the services which were envisioned originally, the plan is a success, and that dental nurses are qualified to provide limited dental care for children.

The effect of the dental nurse scheme on the practice and development of pedodontics in New Zealand is deplorable. For more than twenty years dentistry for children has been almost completely relegated to the dentist nurse. Almost no attention is given to the problem of oral growth and development, oral function and early diagnosis of pathologic conditions other than caries.

Since less than 2% of children receive dental care from private practitioners, there is little interest among the profession in this important branch of dentistry.

Until about 1948 courses in pedodontics were not taught in dental schools in New Zealand.

The dental nurse plan not only has a deleterious effect on the progress of dentistry for children in New Zealand, but has seriously hindered the training of dental students and the advancement of dental research. The New Zealand Government is spending more than \$1,534,400 on the school and adolescent Dental Service and only \$5,600 on dental research, and less than \$92,400 for dental education.

The Dominion Training School for Dental Nurses is a magnificent institution from the standpoint of physical equipment. By comparison the dental school is a shambles.

The school dental nurse cannot be classified as professional personnel, because neither her training, nor her experience is based on scientific knowledge. The course of instruction is deliberately designed to train the dental nurse to assume a non-professional attitude, or at least one which in no way would place her in the same professional category as the dentist. The schools do not provide a refresher or continuing education courses. Thus the school dental nurse is not a dentist; she is a technician, trained in the mechanical art of filling, cleaning and extracting teeth.

The officials of the Government and the dental profession in New Zealand are now confronted with the problem of determining how far the State should go in supplying dental care to older age groups.

Although the School Dental Service has been successful in reducing the number of lost permanent teeth in children up to 13 years of age, the program has not materially influenced the loss of permanent teeth in older children. Apparently parents did not send their children to private practitioners when they were no longer eligible for dental treatment in school clinics.

When this was discovered a new plan was devised to extend the dental services to adolescents. The extension of the State dental service to include adolescents is a terse and controversial issue. The New Zealand Dental Association, or at any rate a larger number of its members prefers to have adolescents referred to private practitioners. A large number of dentists believe that dental care by the State will lead to a serious deterioration of the quality of dental care, as is now taking place in the field of medicine in New Zealand. There is no direct supervision by the Government of the dental treatment performed by participating dentists in the Social Security dental benefits scheme. It is estimated the average gross receipts by dentists participating in this State scheme is approximately \$14.00 per year per patient.

The dental profession and the government officials agree that adoles-

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cents should not be treated by the dental nurse. The present policy of the Department of Health was expressed by the director of the Division of Dental Hygiene in a recent article when he said, "The adolescent section of the community can best be dealt with by dental surgeons as they are qualified to cope with the more advanced problems that arise in the group."

This principle is not based on sound logic, since first of all adolescents should not need extensive dental service if the school service is a success, and second, it should be no more difficult for a dental nurse to fill, clean and extract teeth for adolescents than it is for her to do so for children. Actually the opposite probably is true. Young children need such expert services as surgical treatment of the pulp, preventive and corrective orthodontic care and preventive abnormal growth and development, services which few children in New Zealand now receive.

Appendix C

BRITISH COLUMBIA

An endeavour to improve the dental health of the people has been compared to a three-legged stool. Of the stool the three legs are represented by research, prevention and treatment. Thus a successful dental health program has been said to depend on progress of each of these three fields. In British Columbia, during 1955, most significant progress in each of these three activities can be reported.

Two communities, Smithers and Prince George have commenced the fluoridation of their water supplies during the past year.

During the past seven years the preventive dental services of British Columbia have expanded more than three fold and it is believed have operated at an ever increasing level of efficiency.

During the month of November a methodology was prepared to make possible the provision of this information each year on a statistically accurate basis.

The survey methods which have been developed are thought to be the most accurate and efficient yet available in this field to date. The procedures are based on earlier work by the United States Public Health Service. The Canadian Department of National Health and Welfare, and the Department of Health of Ontario.

During the school year 1954-55 community preventive dental clinics operated within fifteen of the total seventeen health units of the Province, and their activities took place in thirty-five of the eighty school districts. For the school year commencing September 1955 six more clinics have been organized which will provide preventive dental clinics in a further four school district.

Full time preventive dental services were provided within three of the provincial health units.

A total of 3,406 pre-school children received complete dental treatment during the school year.

For communities too small as yet to warrant a resident dentist, arrangements have continued during the past year, as far as possible, to have a dentist visit the community regularly or for a definite period during the year.

For the first time in British Columbia a Dental Health Conference was held for dentists working on a preventive dental program, also lay representatives from the agencies sponsoring these services.

During the day lectures were arranged which would be of interest to the whole conference and others of interest specifically to the lay representatives or to the dentists. This conference proved an outstanding success.

A Dental Health Week was held this year which was excellent. Papers throughout the Province carried articles on dental health.

The radio and television were also used besides lectures, pamphlets etc.

In summary therefore from the foregoing it may be seen that most significant progress has been attained in the planning toward the improvement of the dental health status of the people of British Columbia.

NEWFOUNDLAND

Newfoundland is still without a Director of Preventive Dentistry so her Dental Public Health Program suffers accordingly. She lacks sufficient dental personnel to devote sufficient time to carry on a worthwhile dental health preventive program.

The Red Cross for the past few years have been helping wherever possible to aid in this work.

NEW BRUNSWICK

Dr. R. S. Langstroth is Director of Dental Health for New Brunswick and is doing a splendid job in this capacity.

He devotes quite a portion of his time teaching dental health to various groups, e.g., nurses-in-training, school associations, service clubs etc.

Students at Teachers' College were instructed on proper oral health and the correct method of brushing their teeth.

Flouridation again received a large amount of publicity but results to date have been rather disappointing.

QUEBEC

We have not had a complete report from Quebec, but they have a

DENTAL PUBLIC HEALTH

considerable number of dentists working on a part-time program for children which is proving successful and is expanding.

In the larger centres they have school dental clinics and have some dentists working full-time.

In this Province they have over fifty health units where children are examined and treated.

Lack of dental personnel is still hampering the growth of the preventive dental program.

ALBERTA

A bill has recently been introduced in the Legislature authorizing a plebiscite on fluoridation. To make fluoridation possible, such a vote would have to be carried by a two-thirds majority. It is becoming now apparent that those opposed to this system will do everything within their power to prevent it.

There is an increasing amount of interest in establishing a Dental Division within the Provincial Department of Health. This interest is reflected in letters received as answers to a letter sent out by your secretary to the Medical Health Officers of the various Health units.

At the present time, the position of the Provincial Department of Health is briefly as follows:—

- (1) They will pay 60% of the cost of establishing permanent Dental Clinics within the Health Units.
- (2) They will pay 60% of the salaries of personnel to staff such clinics. Salaries are laid down as being from \$4800 to \$6000, for a dentist and \$2520 to \$3060 to a hygienist (same as a Public Health Nurse).
- (3) They will not assist financially in providing mobile equipment.
- (4) They will not, as yet, appoint a Director of Dental Health. The collective position of the Health Units as expressed by the Medical Health Officers is as follows:
 - i They are all clearly aware of the urgent need of establishing a Dental Program.
 - ii One Health Unit has a Dental Program in operation and appears to be pleased with its operation.
 - iii Two other Health Units (Drumheller and Stoney Plain-Lac Ste. Anne) hope to set up such a service in the very near future.
 - iv Most of the others have given serious consideration to the establishing of dental services but have postponed any action for various reasons.

Some of the difficulties encountered and suggestions offered include:

- (a) Lack of information and a central authority. Many would like to see a Provincial Director appointed first.
- (b) Lack of financing—although this is not a problem with all, in most cases it is felt that proving such a service would necessitate an increase in taxes in order to pay their 40% share.
- (c) Due to the large sparsely populated areas to be served, many feel the necessity of using mobile equipment, the expense of which would have to be carried entirely by themselves.
- (d) Personnel—Several expressed the opinion that the salary offered a dentist was not large enough to attract anyone for any length of time.
- (e) Several expressed the belief that the first steps in such a programme should be an educational and prophylactic service.

The medical officers of the Health Units have requested a qualified Dental Public Health man to address them on establishing a Dental Division. The nurses of the Health Units have also requested a speaker on Dental Health. It would appear our best efforts to have a Provincial Director appointed would be through the Health Units. The opinion of the Minister to the present time, is that the service should be established first and a director later.

At present Calgary has employed a qualified Dental Public Health man and four full-time dentists. Edmonton has four part-time dentists employed by the schoolboard. They have now three clinics.

Alberta once again staged a very successful dental health week with the following district chairmen:

Dr. L. Lyman, Dr. R. C. Sills, Dr. A. L. White, Dr. W. A. Nixon and Dr. Wayne Matkin.

Pamphlets were distributed through the Health Units and in Edmonton through the offices of the city health officer—Dr. Little.

The five daily newspapers in Alberta printed six newspaper articles.

The radio and television stations were very co-operative and were paid the nominal sum of \$831.85 for their services. They gave more than twice the time than they were paid for.

This campaign was very well organized with the dental societies, and individual dentists doing all possible to make it successful.

SASKATCHEWAN

1. All public programs, and private practice as well, continues to be plagued by an increasing demand for dental care service and insufficient men

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to satisfy the public need. It is astonishing that public authorities i.e. governments, show little or no sign of interest in advancing the cause of dental education.

2. Every dental public health activity, even an unsuccessful campaign to fluoridate a communal water supply draws attention to the dental problem of the public and increases pressure on the profession. In Saskatchewan many smaller communities desirous of fluoridating are turning to the possibilities of adding fluoride to storage tanks requiring transported replenishment from distant sources.

3. The availability of sodium fluoride tablets in the U.S.A. is now common knowledge among public health nurses in Saskatchewan. Has the Canadian Dental Association declared a policy on the use of prescribed tablets? Have the Food and Drug administration barred the import of such tablets as we have been informed?

4. The Division has obtained approval for an intensive direct approach-by-mail campaign, directed towards the dependents of the Mothers Allowance group of Public Assistance beneficiaries entitled to dental care under a provincial government health care services program. Previously, the response to this program, judging by a study covering a period of five years, has been below the national level of dental care obtained for children, despite the removal of the financial obstacle to care.

5. A limited orthodontia care program has been initiated for Provincial Wards. This has been made possible by cooperation of the orthodontists practicing in the province. It is hoped to extend this service eventually to a limited number of Mothers Allowance children. Limitations are in the main financial.

6. With the help of National Health grant funds one of our men has obtained some training in the new team approach to the dental problems of handicapped children—cerebral palsy, mentally retarded and other cases requiring hospitalization for treatment and has been named as dental consultant to one of the provincial rehabilitation centres. Some progress is being made in co-ordinating this service into the newly opened University Hospital operated in conjunction with the full course Medical School. Although involved, it is developing an interest on the part of the various specialties as to the importance of the contribution the dentist can make.

7. The Saskatchewan Association is being assisted in bringing clinicians into the province by means of a National Health grant project. This is operating as a joint enterprise of the Department of Health and the Association.

8. The Dental Division Director has acted as the southern representative on the Association committee responsible for the development of the Saskatchewan Dental Services Postpayment Plan. A great deal of material dealing with pre and postpayment (also Labor Union) Dental Plans was

collected from various sources and turned over to the committee for study. Lacking a provincial means of regular news contact with the profession the plan committee proposes a monthly newsletter and has requested a regular contribution from the Director. A special effort will be made to comply with this request.

In addition appropriate material and advice has been made available to provincial constituent committees of the Canadian Dental Association i.e. Dental Public Health, Health Insurance Studies and Public Relations. There would seem to be a need for a considerable increase in the activity of these very important committees commensurate with the increased interest of both government and the public in health matters generally.

9. Two regional dental programs providing complete dental treatment coverage for children up to the age of 12 years continue in operation in areas which are largely rural in character. As backlogs of dental care recede these programs are being directed towards increasing the percentage of coverage (involving the customarily indifferent, and preschool children, most difficult to contact in rural areas) more intense recall and continuing dental health education in schools beyond the age of eligibility for treatment services.

A significant and strikingly parallel situation to that existing in the Public Assistance program (Item 4) has become apparent in the operation of these programs. If effect both are prepayment programs, the one being contributory in part, the other entirely supported from provincial funds. There seems to be an indeterminate hard core of individuals (parents) who are completely indifferent to the value of preventive dental care and act only as a result of pain motivation. This presents a real challenge in the field of dental health education which it is believed can only be met by continuous cooperative effort of all concerned with health—teachers, public health personnel as well as dental personnel over a long period of time. The involvement of other personnel has been a slow process but is improving.

10. In cooperating with the Division of Health Education—

(a) Increasing numbers of lay groups i.e. Home and School, Women's Associations etc. are requesting information and addresses on dental health involving local practitioners as well as the Division Director.

(b) There has been an increase in the number of Nurses Training Schools inaugurating special lecture courses in public health including dentistry.

(c) A teachers' guidebook on dental health has been prepared and will be distributed to all teachers in the province with endorsement from the Department of Education.

(d) The Director has acted as dental consultant to an inter-departmental committee revising the school curriculum on the teaching of health in schools. This is long overdue and has been in course of preparation for two years.

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11. Being unable to obtain candidates for postgraduate courses in dental public health, resort has been had to training dental hygienists, with the assistance of National Health grants, to act as dental consultants and dental health educators. A limited program of topical fluoride applications has also been included as a part of dental hygienists activities.

Despite high losses due to marriage and the competition of private practice, there is considerable evidence that devoted people in this new professional field can render a distinctly useful service, particularly in rural areas. As dental public health people are particularly concerned with preventive care for children it can be reported that this activity has successfully increased the pressure on private dentists, to the point of embarrassment in some areas. This is a point which the organized profession must increasingly face in its efforts to obtain recognition of the authorities of the need for increased dental education facilities. (See Items 1 and 2).

From a public health standpoint, and this has been recognized for some time in the U.S.A., there is a distinct need for the reorientation of the curriculum in both dentistry and dental hygiene to include a greater emphasis on the development, practices and needs in the public health field. Social and economic developments in the health field all across Canada, give clear indication that dentistry is far behind both in training and in practice, in a rapidly developing society which is becoming more health conscious day by day. Not only does this involve techniques and organization, but of considerable concern to ever increasing numbers of people, the economics of obtaining necessary care. Such pressures cannot forever be denied in a dynamic society.

MANITOBA

The Manitoba Dental Association Health Committee has now completed plans for our first Manitoba Children's Dental Health Week. The week set aside is from April 14th to April 21st. The Department of Health and Public Welfare of the Provincial Government are co-sponsors in this endeavor. We are both contributing financial help, the Department of Health is doing all the clerical work and mailing. The Lieut. Gov. issued an order in council announcing Dental Health Week.

We have set up committees to handle the schools both rural and city. Suitable films will be shown in practically all the schools during that week and a tooth brushing technique will be demonstrated to assembled students. The rural schools will get the same coverage later on. A slogan contest has been instituted and prizes will be given to the winners.

The eight radio stations in Manitoba have all been given a "package" consisting of spot announcements and jingles and short scripts.

The television stations in Winnipeg and Brandon are cooperating and presenting films. The press have news releases and we hope to have some editorial space too.

We have arranged to have two bill-boards display our posters. Different commercial organizations have sponsored newspaper space.

All drug stores in the province will display our posters. Transit buses in Winnipeg will publicize our program.

We have arranged to have the Post Office use a stamp cancellation publicizing the Dental Health Week.

This is a brief outline of our Health Week. We feel that it will be quite successful considering it is our first attempt.

We will profit by our mistakes and next year's program will be better.

One of the most important Dental Public Health items in Manitoba last year was the beginning of fluoridation of the water supply for the City of Brandon. It is likely that other communities may be added to this list within the next year or two.

Our mobile dental clinics have continued to function, as in the past, providing treatment for 3,858 children from 82 schools during the year. Our established clinics at East and West Kildonan have been operating on a part-time basis, as before. During the next few months, a similar clinic is to be established at the St. James Health Unit.

An attempt has been made, this year, to include a program of Dental Health education in our clinics in the rural schools. This takes the form of a film and lecture on Dental Care, and is provided for the children at school and for any interested adults in an evening program. We have also attempted to fulfill as many other engagements as possible where they wish to have a speaker on Dental Health. It is our hope that more of the general practitioners may be induced to do this work in their own communities, making use of the films, pamphlets and other educational aids available from the Bureaus of Dental Services and Health Education of the Department of Health.

The important news for this year should be the first Manitoba Children's Dental Health Week, which is to be sponsored by the Manitoba Dental Association and the Department of Health.

ONTARIO

The Dental Public Health Committee of the Ontario Dental Association has had as usual a busy year. We have endeavoured this year as in the past to bring to the profession the latest preventive care for the child patient. We have had seven, two-day seminars at Sudbury, Fort William, Owen Sound, Kingston, Orillia, Oshawa and Chatham. These seminars were conducted by members of the Faculty of Dentistry, University of Toronto.

We have been active in supplying speakers and materials for Home and Schools, Parent Teachers Associations, Service Clubs, etc. The films from our library have been used extensively and we have added two new

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films. We have completed a series of thirty 2 x 2 slides as an aid to speakers appearing not only at the above groups but to dental groups as well.

We are currently collaborating on a series of slides on diet and nutrition. The Committee sat in on planning for National Health week and has prepared and forwarded to the profession in Ontario two news letters on fluoridation. Some members of the Committee have been working with the Public Relations Committee of the Canadian Dental Association in the production of a series of tape recordings for use on Radio stations. We are now planning a Dental Health Day to be held during National Health Week in 1957.

Members of the Committee attended the Chicago Mid-Winter meeting and Workshop in Michigan to obtain latest material and ideas.

At the Ontario Dental Convention in May we are furthering Medical-Dental relationship by having as our speaker at the Breakfast on the first day of the Convention, Dr. Harry Ebbs, senior staff pediatrician for the Hospital of Sick Children and at our luncheon on Tuesday, Dr. Herman E. Hilleboe, medical officer of health for the State of New York and Immediate Past President of the American Health Association. We are showing our films every morning at the Convention. There will also be a seminar in miniature on Tuesday morning and a table clinic of material available from our Committee at the table clinic sessions.

Also of interest is a workshop for teachers and health workers being held in February 1957 arranged and conducted by the Academy of Dentistry, Toronto.

NOVA SCOTIA

Rural Dental Program

Three Mobile Dental Units were in operation from May until November. Visits were made in 67 communities, and 2588 children received dental care. This service is limited to remote rural communities that are situated more than 20 miles from an established dentist. Treatment is limited to pre-school and school children under 12. It is combined educational and treatment program.

During the months of January-May and November-December, the dentists I/C of the Mobile Units were employed looking after the dental needs of the patients in the 3 Provincial T.B. Sanatoria.

A new preventive service was started in this Province in July by the employment of 3 dental hygienists. These three young ladies were assisted in their training by Federal Health Grant bursaries. They examine, clean teeth, give instructions in tooth brushing, and do topical fluoride applications for children in the younger age groups (pre-school and school children that are in the first six grades.) Notices are sent to the parents of those children that are in need of dental care. In addition to the school services, visits

were made to the Provincial Normal College, and the nurses' training schools.

This service was started on a trial and demonstration basis in 3 health regions and has become very popular. It is planned to extend this service to include the 8 health regions in this Province. 3 more hygienists have completed the first year of their college training, and arrangements have been made to have 3 more young ladies start their training in the fall.

Promotion of interest in fluoridation continues to be one of the main activities of this Division. One provincial centre started fluoridating their water supply on February 16th, 1956, and two other centres are starting in April. In several other centres popular interest has been aroused, and we expect that in the near future some favorable action will follow.

PRINCE EDWARD ISLAND

The programme in this province progresses steadily, and evidence of a gradual increase of interest in dental health is beginning to show. Although the amount of dental treatment being carried out on children is still woefully short of requirements, in Charlottetown alone there is an increase of 50% in the number of filled teeth per school child over the last five years. There is evidence too of a greater amount of treatment being done on pre-school children.

Three dental hygienists are employed, and they devote about two thirds of the year to dental health education, mainly in the schools. The remainder of their time is spent in operating clinics for the topical application of sodium fluoride. For a school child to be eligible for this he must first have had all necessary dental treatment carried out. This seems a most effective way of promoting dental treatment. Pre-school children are also accepted but without this condition.

Two mobile clinics give dental treatment to children in rural areas in Grades I and II. Similiar clinics are also operated by private dentists in the smaller centres. In the two main urban centres, clinics give treatment to needy children.

Opposition to fluoridation has become more solid. It is feared that little progress will be made until a lead is given by larger communities, particularly Toronto.

COMMENT, RECOMMENDATION AND RESOLUTION

Your Committee have studied the above report and beg to report as follows:

1. Noted with approval.

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2. Arising from the discussion the following recommendation is presented to the Board of Governors:

“That a copy of this pamphlet be sent to each member of the C.D.A. with a covering letter advising that this pamphlet complement, but not supplant direct verbal advice to the patient.”

3. Agreed.
4. We concur and recommend that the thanks of the C.D.A. be expressed to the A.D.A. and the Alberta Dental Association.
5. Noted.
6. We appreciate the co-operation of the Press. It was suggested that local dental societies might be well advised to supply factual information to their local press by personal interviews.
7. We commend the Committee for the comprehensive report of the activities of the Provincial Committees as outlined in Appendix C.
8. Arising from the discussion of this paragraph the following resolution is presented:
“That the Committee be commended for their study of the New Zealand Dental Nurses Plan: that the comments re same be noted and that this Committee recommend to the Executive of the C.D.A. that, as soon as possible, direction be given to the proper committee to study this Plan in relation to the whole subject of Auxiliary Services.”
9. & 10. Agreed.
11. We concur.

We recommend the adoption of the report of the Dental Public Health Committee with recommendation and resolution.

APPROVED

MEMBERS OF THE COMMITTEE ON ETHICS: *J. D. McLean, Chairman, Dean, Faculty of Dentistry, Dalhousie Univ., Halifax, N.S.; J. P. McGuigan, Wallace Bldg., Halifax, N.S.; S. K. Wetmore, 854 Anderson Dr., Lancaster, N.B.; H. S. Crosby, Wallace Bldg., Halifax, N.S.; H. N. B. Beach, 150 Metcalfe St., Ottawa, Ont.*

REPORT

1. Following a suggestion from the Public Relations Committee, the members of the Committee on Ethics have prepared for publication in the *Journal*, a series of five short articles in which we have undertaken to comment upon, and to interpret some points on Ethics.

2. At a recent meeting of their district society, the Halifax members of the Committee presented a brief panel discussion on Ethics, again attempting to interpret the stated principles of this Association. It was our feeling that many reputable members of the profession, at some time, thoughtlessly have committed minor infractions of the Code. We therefore presented examples of questionable practices which had come to our attention in the hope that such consideration would lead to better public and professional relations. From the apparent reception and interest in our study, we would suggest that other societies might give consideration to a similar programme.

3. The chairman of this Committee has been asked to speak on the subject of ethics to the Nurses and Assistants at their programme following this Board meeting.

4. A difficult point of interpretation is presently under consideration. Under Section VI of the Association's Guide to Professional Conduct—"Obligations to the Profession at Large" (c) "Every dentist should show his appreciation and respect to his teachers, and to those who have contributed in the past to the knowledge and art of the profession by presenting without thought of personal gain such advancements in his science and art which may be of mutual benefit to the profession and the general public." The question raised is the extent to which a member of the profession may be recompensed for the expenditure in time and money involved in the development of such things as new drugs, materials, instruments or techniques. An example of a literal interpretation of the Association's statement might be that a researcher should receive no financial return whatever from his efforts and expenditures. While it is appreciated that time does not permit much, if any, discussion at this meeting the Committee would welcome suggestions from any source on how this problem may be answered.

COMMENT, SUGGESTION AND RESOLUTION

1. We commend.

2. Whereas Ethics is the science of morals or a study of the principles defining man's duty to his neighbours, and

Whereas high standards of moral conduct are essential to the maintenance and enrichment of the professional status of dentistry, and

Whereas the obligation of accepting and fulfilling the responsibilities which are embodied in a profession rests upon each of its members, and

Whereas high standards of ethical conduct foster desirable public and professional relations, therefore be it

Resolved that the Public Relations Committee and the Committee on Ethics either independently or in association, and the members of the Board of Governors, encourage Canadian dental societies to include a consideration of the subject of Ethics on their yearly programmes.

3. We commend the Chairman for this effort.

4. To everyone who becomes a member of the healing profession is given freely a body of accumulated knowledge, all of which was contributed by others to the cause of better health, and the profession's welfare. It follows that the fruits of any discoveries made by any individual member should be contributed to the common pool of knowledge without any premiums to the discoverers. The attempting to secure or the securing of patent rights or copyrights on such discoveries is not good professional ethics, unless their primary purpose is the protection of the public and the profession.

While it is realized that members of the profession do on occasion receive some form of remuneration for discoveries made or knowledge imparted and from a technical standpoint contravene the Code, we do not feel ourselves in a position at this time to offer a concrete proposal to deal effectively with the problem presented. However the Chairman of the Committee on Ethics was present to hear the discussion of the Reference Committee and perhaps a few further thought emanating from the Board meeting itself will assist in the future deliberations of the Committee on Ethics.

We recommend the adoption of the Report of the Committee on Ethics with resolution.

APPROVED

MEMBERS OF HEALTH INSURANCE STUDIES COMMITTEE: *H. W. Reid, Chairman, Toronto, Ont.; C. A. E. McCabe, Outremont, Que.; T. R. Marshall, Toronto, Ont.; L. V. Janes, Hamilton, Ont.; W. R. Scott, Vancouver, B.C.; A. M. Lowey, Moose Jaw, Sask.; R. Langlois, Quebec, P.Q.*

REPORT

Your committee begs to report that a meeting was held at Canadian Dental Association Headquarters on April 6th-7th, 1956.

(A) MEETING APRIL 6TH - 7TH

1. All members were present and Dr. A. M. Lowey of Saskatchewan, a new member, was welcomed. The minutes of the last meeting were read also the recommendations from the Board of Governors at their last meeting.

2. *The date for the next Economic Survey on Dental Practice in Canada* was discussed at length. It was pointed out that if the membership could be advised well ahead they would be in a better position to answer the necessary questions. Also time would be afforded to acquaint the members of the necessity and desirability of response from the entire profession. It was agreed that after a five year period the figures of the first survey would not be acceptable in discussions with authorities and the following motion was passed and is presented for your approval:—

“THAT the next Economic Survey on Dental Practice in Canada be conducted for the year 1958.”

3. It has been felt for some time that the last presentation on “National Health Insurance for Dentistry in Canada” made at Ottawa on June 9th, 1942 should be reviewed if for no other reason than to show that the subject is continually under study by the Canadian Dental Association.

4. Previous to the meeting a letter (Appendix A) was sent to each of the Provincial Chairmen. Attached was a copy of the 1942 presentation (Addendum A). The provincial committees were asked to study this presentation and forward their recommendations by March 1st. The following reports were received and studied:—

(a) H.I.S. Committee of British Columbia	Appendix A.1
(b) H.I.S. Committee of Alberta	Appendix A.2
(c) Report of the Saskatchewan Dental Association	Appendix A.3
(d) H.I.S. Committee of Ontario	Appendix A.4
(e) Report of the Newfoundland Dental Society	Appendix A.5

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- (f) A verbal report from Quebec
- (g) Comments and suggestions from British Columbia Council of Dental Surgeons.

The committee was very appreciative of the interest shown by these provincial committees and took full cognizance of the suggestions made.

5. In the discussion that followed it was pointed out that Federal Health Insurance, as laid down in the overall Plans was already in the second stage, namely increasing diagnostic facilities. The third stage i.e. the supplying of Hospital Services was discussed at the Federal Provincial Meeting last January. While it is not known if or when the further stages such as medical and dental services will be up for discussion it is important that the Dental Profession be prepared to enter both these discussions to ensure that they have their proper places in the administration of any plan that may become operative. It is most desirable too, that the preventive approach to the dental health problem be kept continually before the proper authorities.

6. After discussion point by point, of a new Statement of Policy, the following motion was adopted:—

“THAT the statement of Policy on Health Insurance be adopted as amended.”

7. The amended statement is appended as Appendix H and is presented for your approval.

8. “Dental Health Education and Treatment Demand”

Dr. R. M. Grainger of the Dental Statistics and Research Section of the Ontario Department of Health was asked at a previous meeting to continue his studies and to report further on this subject. His report is presented as Appendix B, and while self-explanatory it does require careful study in order to glean from it the excellent evidence that the population at large can be educated to the need for dental treatment. The following motion was passed:—

“THAT the Report by Dr. Grainger on Dental Health Education and Treatment Demand be received and accepted. This committee goes on record to commend Dr. Grainger for the excellence of his work in correlating the splendid progress our dental research and dental public healthworkers are making in pointing up the importance of preventive measures and further this committee desires to express its appreciation of the contribution being made to the work of this committee.”

9. Feasibility of Insuring Dental Conditions

Dr. T. R. Marshall and Dr. R. M. Grainger were asked at the previous meeting to make a study of this subject. They presented an excel-

lent report after much work and study. It is presented as Appendix C. Much of the material is basic to any dental care planning, and is a useful guide to any provincial or local group considering the initiation of a plan for dental care.

10. Saskatchewan Dental Service Post-Payment Plan (Appendix F)

Complete details of the plan and a verbal report of its progress to date were given by Dr. Lowey. This plan makes dental service available to those who could not otherwise afford it and who would neglect it. The cost to the patient for servicing the plan is extremely low and all transactions can take place in the dental office thus maintaining the dentist patient relationship. The plan is operated by the Saskatchewan Dental Association through the central office and has received much favourable publicity both in Canada and the United States. After consideration of the operation of the plan in detail, the following motion was passed:—

“THAT the report of the Saskatchewan Post-Payment Plan be received.

THAT the implementation of this Plan be carefully watched

AND FURTHER it is our considered opinion that the plan is in agreement with the principles of post-payment plans laid down by the C.D.A.”

11. Further discussion took place as to whether the words “Approved by the Canadian Dental Association” might appear on the literature regarding the plan; if the plan is approved by the Board of Governors. Your direction in this matter is requested.

12. Saskatchewan Public Assistance Dental Program (Appendix E)

This very complete report was studied by the committee. It is the desire of the committee to be familiar with such activities in every province and the submission of this report was much appreciated.

13. Report on Alberta Pensioners' Dental Service (Appendix D)

For the first time, the regulations and Fee Schedule as related to the statistics remained constant. The committee were able to study the report on a comparative basis and were much impressed with what is being accomplished in this province.

14. Dr. Gullett presented reports on (a) New York Group Health Dental Insurance Plan (C.D.A. Transactions 1955). Difficulty has been experienced in obtaining enough subscribers. (b) I.L.W.U.-P.M.A. Welfare Fund Pilot Dental Program (Appendix G.)

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15. The following motion was passed with a standing vote:—
“RESOLVED that the Health Insurance Studies Committee being cognizant of the signal contributions of the late Dr. J. Fred Brown to the deliberations of this Committee and realizing the great personal esteem in which he was held, does hereby record its sincere regret at his passing. And further that a letter be sent to his wife expressing these thoughts.”

(B) The committee tries at all times to watch developments and to interpret the trend of events. It is with some misgiving that it views the present suggestions re a Federal hospital services plan i.e. stage three in the overall plan for health insurance. There is no provision for any type of dental service in the hospitals under the plan. Undoubtedly this omission will be presented by the Hospital Services Committee. It is mentioned here for emphasis only.

(C) The Chairman wishes to record his thanks to the members of the committee and to Dr. Gullett for their efforts and co-operation.

Appendix A.

12 December, 1955

To:

Provincial Chairman of Health Insurance Studies Committees:

re—HEALTH INSURANCE

As is well known, discussions on both Federal and Provincial Government levels are taking place with considerable vigour at the present time. While no one can make prediction there is the possibility that the dental profession may be called upon for a statement at any time. In preparation for such eventuality it is considered wise to review our position.

On June 9th, 1942, at the request of the Federal Committee on National Health Insurance, a statement was presented before the Committee at Ottawa. Copy of this statement is appended as Addendum A. Principles related thereto were also presented. These principles were later revised and appear in this form on page 83 of the 1951 Transactions. Copy in the revised form is appended as Addendum B.

On May 11th, 1943, a presentation on the subject was made before the Special Committee of the House of Commons on Social Security. This presentation was an expansion of the former presentation (Addendum A).

A draft bill was formulated, printed and ready for introduction in the House of Commons June 1944 but was never introduced. Through the above presentations and other intermediate efforts the Association succeeded in having the draft bill worded very nearly in harmony with the statements.

Numerous presentations on the subject, based upon this original statement, have been made before government and lay bodies during the last decade. In our opinion the majority of health officials are in agreement with recommended approach to the problem of dental disease.

With a Federal-Provincial meeting on the subject called for January it will be realized that a similiar situation to 1942-44 may easily arise. With this position in mind we are asking Provincial Health Insurance Committees to review the attached subject matter and submit opinions on or before March 1st next. The C.D.A. Committee on Health Insurance Studies will meet during the month of March and this matter will be the main consideration of the meeting.

We trust that we may have your cooperation and if we can be of assistance in supplying further information please make request.

Yours faithfully,
Don W. Gullett, D.D.S.,
Secretary,
Canadian Dental Association

Addendum A.

**“Presentation on the Subject of
NATIONAL HEALTH INSURANCE FOR DENTISTRY
IN CANADA**

“To the Advisory Committee on Health Insurance, Department of Pensions and National Health, Ottawa

Gentlemen:

The Committee on National Health Insurance appointed by the Canadian Dental Association, representing the dental profession of Canada makes the following presentation:

Presentation

The Canadian Dental Association at the request of the Dominion Department of Pensions and National Health desires to present the following outline plan for the cooperation of the Dental Profession in a health insurance arrangement.

While we do not desire to be understood as advocating the introduction of a Health Insurance Plan without much further study than has yet been given to the problem, we do wish to record our conviction that it would be undesirable to introduce any public health or health insurance plan without the inclusion of the essentially preventive dental service proposed herein.

We do not think that any plan will do away with dental service in its entirety. We firmly believe, however, that the arrangement herein

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suggested will reduce the amount of such disease as far as is humanly possible.

During the childhood period is the most feasible and economical time in the life of the individual when control of dental disease can be put into effect. The ravages of dental caries among the children of the nation is a national disgrace. It is pointed out that surveys, where no school dental services have been in effect, now show a condition of 95 to 98 per cent of the children possessing carious teeth. In those municipalities where such service has been instituted for some years the incidence of dental caries is reduced a considerable amount, varying from 40 to 50 per cent in many instances. A factor which hitherto has militated against the reduction of dental disease has been the lack of financial resources in many cases. The provision of this financial support would produce a better situation, the result of which should be the establishment of a future Canadian population possessing abundantly more dentally fit oral conditions. The Dental Profession does not wish to go on record, due to lack of personnel, as able to care for all the insured herein suggested but does undertake to carry out the proposed plan to be the best of its ability.

The profession, taking into account the available personnel and the wise expenditure of monies, are long since convinced that the only method of properly attacking the problem of dental disease is through the child. The retaining of a child's mouth in a condition of health is an objective far more obtainable than making any attempt to remedy the condition of the dental cripples among the whole population.

"Basing this presentation on the above statement we present the following plan:

Insured Persons

The institution of a compulsory dental health insurance plan for all children up to the attainment of age sixteen.

Administration

1. The Lieutenant Governor-in-Council in co-operation with the Provincial Dental Boards (as defined in principle No. 3 attached to this presentation) shall establish a Central Dental Committee and Regional Dental Committees. These Committees shall be responsible to the Director of Health Insurance for the administration of all dental services and all that relates to the practice of dentistry under the Health Insurance Act.

2. There shall be established a Provincial Council on Health Insurance representing the Medical Profession, the Dental Profession, the Nursing Profession, Pharmaceutical Profession and Hospital Council and lay persons comprising industry, labour, and women's rural and urban organ-

ization, (providing that the majority of the members shall be licensed medical and dental practitioners in good standing).

3. There shall be established a Dominion Council on Health Insurance on which there shall be representative of the Medical, Dental, Nursing, Pharmaceutical professions, the Hospital Council, and lay persons, representing industry, labour and women's rural and urban organizations, providing that the majority of the members shall be licensed medical and dental practitioners in good standing.

4. There shall be a Commission set up for the purpose of administering the Health Insurance Act.

5. In the event that Inspectors are found necessary under the operation of the Health Insurance Act, as it pertains to Dentistry, such Inspectors shall be members of the Dental Profession in good standing.

Benefits Available to Each Insured Person

1. A dental examination shall be given once every six months.
2. Prophylactic treatment shall be given once every six months, when necessary.
3. Plastic filling materials shall be used in restorative work.
4. Provision shall be made for the use of special materials and appliances for the treatment of accident cases.
5. Extractions and necessary dental surgery to be performed when necessary.
6. Anaesthetics shall be used where necessary.
7. Arrangements shall be made available whereby the patient may be referred for special services.
8. Radiograms to be used where considered necessary.
9. Provision shall be made for the use of such other materials as may be required in carrying out the usual procedures in the practice of dentistry for children.

Basis of Payment

For all children up to the attainment of the age of 16 years who come under the provisions of the Health Insurance Act, there shall be provided payment in full from the Insurance Fund to the dentist, based upon a schedule of fees as recommended by the Provincial Dental Board.

Explanation

The plan shall be advanced from the attainment of the age of 16 years upwards to 17 years, etc., as is deemed advisable from time to time

HEALTH INSURANCE STUDIES

according to the availability of personnel, financial support and general considerations. It will be realized that the added ages will be, in the main, composed of those who have been under the provisions for dental services. By the gradual increase of the age at no time will the plan be faced with the problem of the accumulated dental needs.

The Dominion of Canada would be in the position of being the first country to institute a definite and thorough plan of control in the field of public health as far as dentistry is concerned. In the event of a physical examination of man-power at some future time after the plan had been in operation, the result would be far different from that experienced at the beginning of the present war, when it was found that approximately 23 per cent of the available manpower was discovered to be unfit for enlistment due to dental defects.

This plan is supported by the Canadian Dental Association for the reason that it is believed to be the only one economically sound and within the power of the Dental Profession to supply the necessary service with the available personnel at the present time. Further, the Dental Profession in Canada has no desire to enter into an arrangement in which the requirements for dental services are such that the profession has no means of supplying, even if the financial outlay required were underwritten. It is the considered opinion of this body that any attempt to render impossible services would result in not only the failure of the entire arrangement, but would bring great discredit upon the profession of Dentistry.

To meet the demands of the future expansion of the Health Insurance Plan, as it affects dentistry, the following proposals are submitted:

1. For dental research, in an effort to reduce the incidence of dental disease, an annual grant to be made.
2. For dental health education of the public in general and the Dental Profession an adequate annual grant to be made. The profession is convinced that education on dental public health is essential for the success of any such plan, as has been proved by past experience, and fully believe that such effort will materially reduce the cost of treatment.
3. For dental education in view of the fact that the personnel will need to be drastically increased in order to cope with the future increase in numbers of insured individuals, a sufficient amount to aid the Dental Schools of Canada.
4. That at the time of increasing the age limit under the Plan, adjustment will be made in the Health Insurance Act insofar as it affects dentistry both in the benefits to be provided and the basis of payment. These and any other future adjustments to be made with the

co-operation of the representatives of the Dental Profession in Canada.

This outline as herein presented was adopted both by the Board of Delegates of the Canadian Dental Association and later at an open meeting of the Association held at the City of Toronto, May 18, 1942.

Presented at Ottawa
on June 9th, 1942."

Addendum B.

"REVISED PRINCIPLES FOR DENTAL HEALTH SERVICES

The Canadian Dental Association recognizes an existing need for the improvement of dental health and will cooperate fully in constructive action directed toward improving the dental health of the nation provided that the following principles are adhered to:

1. That dental health education be adequately provided for as a prerequisite and as a continuing program.
2. That adequate provision be included for the encouragement and support of research in dentistry.
3. That preventive dentistry rather than restorative dentistry hold a dominant position.
4. That the practice of dentistry be carried on in the private office of the dentist, except under circumstances not favorable to private practice.
5. That there shall be no interference with the development and progression or recognized professional standards.
6. That every qualified dentist in good standing be eligible to practise under the plan.
7. That the patient have freedom of choice of dentist and the dentist to retain the right to refuse attendance upon a patient subject to geographic ethical or professional considerations.
8. That the basis of dental service be, to make available the services of the dentist in general practice—the referring of patients for any special services to be made through dentist.
9. That the determination of need for dental services be the prerogative of the dental profession.
10. That the dental profession be adequately represented on all co-ordinating authorities and committees of any dental health plan."

BRITISH COLUMBIA DENTAL ASSOCIATION REPORT OF THE HEALTH INSURANCE STUDIES COMMITTEE

Fortunately, at the time of writing this report your Health Insurance Studies Committee does not have to outline for you the basis upon which you will operate under a Health Insurance Scheme. There have been some anxious moments in the past few months when Health Insurance made headlines in the paper. It was mentioned several times in these newspaper articles that dentistry was included in the proposed Health Insurance schemes. It seemed apparent to the writers of these articles that dentistry would automatically be included.

In the light of all the controversy going on between Ottawa and the Province of British Columbia, it would be well for all of us to give some serious consideration to this problem of Health Insurance at this time. Your committee does not feel that it is any longer a question of if, but rather it is a question of how much and how soon will we have Health Insurance in some form or another in this province, for dentistry.

The facts are these. At the present time the greatest majority of people of this province do not have dental services available to them. A certain percentage of the people simply cannot afford to pay for dental services of any kind. A large percentage of the population would not avail themselves of proper dental services if sufficient personnel were available. Their dental education is sadly lacking and modern high pressure advertising has eaten up their savings and most of their current pay cheques on luxury and semi-luxury items.

The simple truth that we do not have sufficient personnel to take care of even a small increase in the number of patients would not be a deterrent to any political party in advocating a Dental Health Insurance Scheme if they "hear" sufficient clamor from the people. The clamor will be (1) dental fees are too high and (2) the government should take over and free the people from the fear of devastating dental fees.

Other countries, notably New Zealand, have found a method of getting around the obstacle of too few personnel by employing partly trained ancillary personnel to increase the treatment services. Treatment services at government expense are what the people wanted and just what they got.

What do our people want? Probably the same thing, but what we would like them to want is a service based on prevention rather than just treatment, which is like filling a bottomless pit.

There are other factors besides lack of adequately trained personnel which we should want any perpetrators of a Health Insurance Scheme to know. Foremost is the fact that incentive to do the best work should be

the outstanding factor in any scheme evolved. The closer the dentist-patient relationship the more the incentive will prevail. Any Dental Health Insurance scheme evolved which does not encourage the highest professional attitude of the dentist is doomed to failure. When the only incentive for practicing dentistry is a matter of dollars and cents, and the dentist-patient relationship becomes a secondary consideration, dental standards will surely fall, to the detriment of not only the profession but the health of all the people.

Incentive should be the keynote of any discussions or negotiations the dental profession might have with the government in regard to the setting up of a Dental Insurance Plan. Let us look at the incentive as it might pertain to two different kinds of practices under a Dental Health Insurance Plan.

- (1) The private practitioner who is being paid on a fee for service basis.
- (2) The salaried practitioner working in a clinic for the government with a regular salary, regular hours and a pension to look forward to.

The incentive for the latter could be that he wishes to maintain a certain standard of work, and maintain sufficient reputation to ensure keeping his job. He is satisfied with the security of his position with its promise of a pension and he is not interested in becoming a better dentist with increased skill and knowledge so that he can better himself financially. There are certain financial limitations to his position and he is satisfied to accept those limitations. He could do excellent dental work for the love of doing a good job. He could just as easily be one that will do just enough work and with as little effort and skill as he can get away with and still hold his job.

The incentive to the private practitioner paid on a fee for service basis would more likely be the antithesis of the salaried practitioner. If he intended to better himself financially, and his spirit of competition urged him to make more money than his conferees, then he must increase his efficiency or increase the amount of work he is doing by cutting corners. In countries where socialized dentistry has been in effect for any length of time the latter situation has been the rule rather than the exception.

Equal pay for all dentists, good, bad or indifferent is not compatible in a country where capitalism is the accepted way of life. Competition is accepted as desirable in a free enterprise country to ensure progress and constant improvement.

Health Insurance although full of pitfalls and usually costly, can be a great assistance to the general public when applied to institutions such as hospitals. Socialization of dentistry as it pertains to the individual dentist

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would, on the whole, be very detrimental to progress and to increasing the standard of work done.

Respectfully submitted,
W. R. SCOTT,
Chairman.

Appendix A. 2.

ALBERTA DENTAL ASSOCIATION REPORT OF THE HEALTH INSURANCE STUDIES COMMITTEE

February, 1956

General Review of the Position in Alberta:

This committee submitted a brief on "A Dental Health Insurance Programme for Alberta" during 1952, which has been in the hands of our Board of Directors, and all members of our Association, since 1952. Although discussions have occurred at board meetings at infrequent intervals, no conclusive policy on health insurance programmes could be acted on because of several reasons, the chief reason being that the establishment of such a programme has, up to this time, been complicated by financial problems.

Because of the political implications, our Association has endeavored to interest our provincial Department of Health in matter pertaining to better dental health. Largely in view of the fact that dental health has not been of sufficient public (political) interest our government's position, up to the present time, has been negative. In our most recent communication with the Hon. Dr. W. W. Cross, he states in part, quote . . . "there is another conference called for January 23rd, and we are hoping that something definite will be agreed to, so that until the results of this conference are known we would not be in a position to discuss any provincial Medical or Dental Insurance program."

Canadian Dental Association's Position:

Because our Board of Directors, and our general membership, is not familiar with the C.D.A.'s presentation in 1943 to the Special Committee of the House of Commons on Social Security, some short explanation must be made. The presentation, "National Health Insurance for Dentistry in Canada" approved by the C.D.A. was, in substance, drafted into a Bill in 1944, and printed and made ready for introduction in the House of Commons in June 1944, but was never introduced.

Basically, this plan contemplated preventive and restorative dentistry for children. Quote, "the institution of a compulsory dental health service for all children up to the attainment of age sixteen." (note-compulsory).

The administration, under this plan, recognized provincial rights in

health matters, and was to be administered accordingly. The benefits to be made available to each insured person (children) would include all preventive and treatment services applicable to dentistry. Operational procedures necessary to implement this plan were not mentioned. Payment to dentists was to be on a basis of fee for service.

In 1951 the Canadian Dental Association, on the recommendation of the committee on Health Insurance Studies, revised the principles for dental health services (page 83, '51 Transactions). The revisions which should be noted here are—Provision 3, "That preventive dentistry rather than restorative dentistry hold a dominant position" and, Provision 4, "That the practice of dentistry be carried on in the private office of the dentist, except under circumstances not favorable to private practice." It should also be noted that the revised principles do not refer to benefits to children only, although there is no direct indication that the original plan has been modified.

Alberta Dental Association's Position: (Health Insurance Studies Committee recommendations)

The Alberta programme (1952) emphasized the need for better dental health and suggested that this could only be attainable through a compulsory dental health programme for children. We re-state our position at this time, and desire to make further comments on the dental health program proposed for Alberta.

We argue that the development of better dental health for children cannot be accomplished through direct insurance programmes. In its proper meaning 'insurance' means protecting the individual against something that may never happen. For example, hospital insurance or medical sickness insurance are properly designated. But dental disease is prevalent and cannot be insured against. It is necessary to have a measure of control over dental disease, and such control means constant and regular supervision and treatment. It also means the child, and not the parents, must be educated in the correct procedures of dental hygiene.

We have argued that there should be a similarity of operation and administration in dental health plans in much the same manner as there is in the education of the child. This implies that the cost of a dental health plan must originate from general taxation revenue. If it was common knowledge that the actual costs of educating one child for one year averaged between two hundred and three hundred dollars, the fact that dental health could be assured to each child at an estimated cost of fifteen dollars a year; most certainly the general public would support the implementation of a dental health programme.

We have also argued that such a plan is logical and could be put into effect gradually. There is not now, and there should not be any strong public demand for dental health programmes for some years, or at least until the public have received and digested medical health insurance

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plans. Therefore there is no immediate urgency to fully implement dental health plans as one large commitment. This means the opportunity should be taken now to develop by gradual stages a sound dental health plan.

In the Alberta plan, now amended, it is proposed to establish the first phase as an educational, preventive and treatment service for children attending schools. We refute the argument that to establish this plan would mean the necessity to obtain many semi-trained semi-educated dental operators. On the contrary, such a plan would include the training of professional child specialists in child psychology and fully trained specialists in all phases of children's dentistry. Some of this type are already being trained in our dental schools, and there is a present nucleus available in private practice who would wish to enter such a specialist's field. The matter of training qualified personnel would be one of policy, governed by the ability to keep abreast with the increasing demand for such services.

We argue that restorative dentistry must be an essential and important part of a children's health plan. We believe the education of the child in dental health procedures is equally important. Today the phrase, 'preventive dentistry' is empirical and without too much meaning. In contrast, 'preventive medicine' is a specific term, having its immunizing agents and with the increasing use of vaccines used for the prevention of specific diseases. Until such time as a specific protection of the tooth structure against tooth decay is discovered it will be necessary to continue with our only known methods for the conservation of the teeth . . . by restorative dentistry.

The second phase of a dental health plan should be directed for all pre-school children. Until such time as the first phase is functioning properly, and the training of the child specialists is progressing favorably, it would not be feasible to entertain a complete health service for this group. At a later period it would become a part of the first phase.

The third phase of a dental health programme should be divorced entirely from the first and second phases.

Embracing the adult population better dental health could be encouraged by an economically sound insurance programme. (the word 'insurance' is used, rather than 'pre-paid' because of its popularity.) An insurance programme of this type could be easily organized and administered in Alberta through an association with M.S.I. administration. Under this programme the important and necessary patient-dentist relationship would be retained.

To interest the public in dental insurance some incentive would have to be given. A small percentage of the yearly premium could be paid by the government. Not to the same extent as is suggested in medical sickness insurance, where, in Alberta, one-third to one-half of the premium cost is mentioned as a government subsidy. For example, if one-tenth or one-twentieth of the premium cost was paid by the government it would

involve very minor government funds and at the same time would create an inducement for people to participate. Such a programme would be purely voluntary on the part of the participants, and could not be considered discriminatory.

An all-embracing and universal dental insurance plan for adult citizens at this time, would be very wrong and very foolish because it would not create better dental health.

Present Position in Alberta:

Under the Pensioners' Dental Treatment services, operated by the Alberta Dental Association and the Provincial government, all necessary dental services are given to approximately 36,000 people. This service is subsidized entirely from public funds.

School clinics are operating in the cities of Edmonton and Calgary. These services are paid for through municipal taxation.

The establishment of Health Units throughout the province is government policy, subject to endorsement of municipalities. These units may embrace one or more municipalities and school divisions, and are usually large in area. Under the Health Act the government will provide 40% of the cost of dental care, the health unit putting up the balance.

In a recent survey conducted by the A.D.A. the Medical Health Officers associated with each of the fourteen units already established were unanimous in their opinion that dental prevention and/or treatment is a first and major necessity. One health unit has already employed the services of a full-time dentist, with a starting salary of \$7,420.00 per year, for a five day week. Treatment services for all children in Grade 2 is his present procedure.

A. C. AHRENS,
Chairman.

Appendix A. 3.

HEALTH INSURANCE STUDIES COMMITTEE OF SASKATCHEWAN

We set forth herein our opinions on the "Presentation on the Subject of National Health Insurance for Dentistry in Canada," in the statement appended as "Addendum A" and the revised principles appended as "Addendum B" June 9th, 1942.

The brief with subsequent additions and revised principles is accepted by the profession as an overall workable plan but we offer at this date, due to observances and experience several changes.

1. Regional Dental Programmes based on the experience of the past ten years and not on the Public Assistance Programme as operated by Medical Services Division.

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These are:

Organized Health Regions in Saskatchewan

- 1. Swift Current—December 31, 1945.
- 2. Assiniboia—Gravelbourg—May 31st, 1947
- 3. Weyburn—Estevan, December 31st, 1945
- 4. Moose Jaw—June 15th, 1946
- 5. Prince Albert—February 1st, 1951
- 6. North Battleford—August 15th, 1947
- 7. Meadow Lake, August 15th, 1946

Municipal Department of Health

- 1. Regina
- 2. Saskatoon
- 3. Yorkton

Summary of Details of the Dental Health Programs in four Regions in Saskatchewan (Saskatchewan Health Survey 1950)

<i>Item</i>	<i>Swift Current</i>	<i>Assiniboia Gravelbourg</i>	<i>Weyburn Estevan</i>	<i>North Battleford</i>
Date prog. began	July 1946	July 1950	July 1949	July 1950
Coverage	Children under 16	Do under 9	do under 15	do under 9
No. of beneficiaries	16,000	5,500	14,000	12,600
Services included	All except orthodontia	do	do	do
No. of personnel as of June 1, 1951	4 dentists	1 dentist	4 dentists	1 dentist
Dental Assistants	4	2	4	2

Financing the Programme:

- Swift Current Region — 1/2 expenditures through personal and property tax, 1/2 through provincial grant.
- Assiniboia-Gravelbourg Region — 1/2 expenditures through earmarked personal tax, 1/2 through Federal Funds.
- Weyburn - Estevan Region — 1/2 expenditures through earmarked personal tax, 1/2 through Federal Funds.

North Battleford Region

— 1/2 expenditures through earmarked property tax, 1/2 through Federal Funds.

In 1950 the Saskatchewan Health Survey made the following recommendations (quoted):—

“Estimates based on the Dental Health Programs of Swift Current and Weyburn-Estevan Health Regions suggest that the costs of such a plan should be approximately \$1.50 per capita or about \$7.50 per eligible child.”

“Experience to date reveals certain difficulties in operating these programs successfully unless the maximum age of the children to be served is limited to the capacity of the dentists to provide service. To provide a truly preventive service, dentists must be able to see each child frequently enough—every six or eight months—to meet not only restorative needs but maintenance and preventive needs as well.”

“When the age limit is not restricted, dentists are unable to see children often enough. Consequently children are seen on a selected area basis rather than on a selected age basis and most of the advantages of a preventive program are lost.”

The Regional Programs attempted to do too much at the beginning with the staff available. In effect they were small samples of a prepaid service restricted to the child age group in rural health regions. Two had to be discontinued due to lack of personnel.

Many changes have taken place since the 1942 Presentation on National Health Insurance for Canada namely:

1. The ratio of the population to the number of dentists.
2. The post war baby boom has tremendously increased the population in the age group to be covered by a dental health plan.

In view of the above we would suggest a complete survey should precede the setting up of a Dental Health Plan, such survey to include.

1. Present number of children in the age group to be covered by the plan.
2. Present number of dentists who are willing to participate in the plan.

Many dentists have a practice which will not permit them to include any more work or responsibility. Many dentists will not work for the age group due to their age and inability to work for children.

When the survey is completed it will be necessary to limit the age of the group to be covered by the plan.

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ADMINISTRATION

(a) Administrative control has actually resided in the Local Board of Health as in Health Region No. 1 (Swift Current). In few instances were the principles advocated by the Department acceptable to the Local Boards and consequently vitally important procedures (page 2 brief) have been omitted from most of the programs.

In our opinion Local Boards should not be in a position to direct the program. If these programs entail the employment of full-time dentists the policy should be directed by the department and not the Local Board. For instance the C.D.A. brief sets out the necessity of an examination every six months in a dental health plan. To our knowledge this has never been carried out in Health Region No. 1.

(b) All dentists should be eligible to practise under the plan (#6 Addendum B) and the practice be carried on in the private office of the dentist (#4 Addendum B). This would distribute equally over the province all the dental personnel available at the present time. Thus a dental health plan could be set up now rather than wait until more dentists are available, which is not in sight at present.

It requires no statistics for the general practitioner to recognize that the dental condition of our young people is deteriorating. Accordingly, in some way the public must be awakened to a realization of the need of a preventive program.

It appears that the Department of Health does not accept the principle that an educational program on prevention should be of prime interest and is satisfied with the production of statistics of so many fillings and extractions completed. It should be more interested in a lowering of the incidence of dental disease.

If all dentists participated on a larger basis, and if dental health is to have a priority, the public would have to be fully informed of services available as to examinations, certificates of dental health, prophylaxis etc.

Therefore a dental health educational program must precede any dental health plan to follow. As an example note the work of the Anti-T.B. League over the past forty years. Dental health education is the only solution for public apathy in regard to the temporary dentition wide-spread in certain social groups, particularly in rural areas.

The replacing of dentists in regions which still maintain an interest in dental health by Hygienists, does provide dental education by means of dental examinations in schools, prophylaxis and topical application of fluorine. The parents and children are stimulated to some extent to continue treatment with a private practitioner. We have reason to believe this has been effective in Health Region No. 1. (Swift Current).

Pre-Paid Plan

It is our opinion that a pre-paid service for children will utterly fail to solve the dental problems by itself alone, with the present number of available dentists in the province.

There is need first of all for more dentists being trained in Dental Public Health, who, in turn will organize the lay groups to devote themselves to motivating parents to obtain treatment of a preventive nature.

We do not feel that the expense of obtaining dental care is the chief deterrent and an insured service would make little contribution to improved dental health.

Post Payment Plan

The Post-Payment Plan of Saskatchewan Dental Services with some assistance from Family Allowances goes a long way in proving that the expense of dental care is not the major deterrent contributing to the dental condition of children today.

The Post-Payment Plan as of January 15, 1956, had a membership of 110, and notes have been processed in excess of \$5,369.00. (See write-up in February issue of the Canadian Dental Association Journal).

Dental Research

We quote Dr. Harold Hillenbrand of Chicago, A.D.A. Secretary, in "Dental Health Highlights" of the A.D.H. February 1956.

"Research provides the greatest hope for a significant decline in the incidence of dental disease. Moreover, it is the most economic way of meeting the country's dental bill."

Respectfully submitted,

A. M. Lowey, Chairman,
T. Bradley
D. Kroshus

Appendix A. 4.

REPORT OF ONTARIO HEALTH INSURANCE STUDIES COMMITTEE

At the fall meeting of the R.C.D.S. board, a special committee was appointed to study the Dental Welfare Treatment Services in Ontario and to discuss the relationship of the R. C. D. S. board to a National Health Insurance plan. This committee met in Toronto on January 27, 1956.

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Present:—Doctors—M. V. J. Keenan, Chairman
M. C. G. Bebee
W. J. Langmaid
J. M. Campbell
R. J. Godfrey, President
D. W. Gullett, Registrar-Secretary
W. J. Dunn, Associate Secretary

There exists in the province today, a very minimum service for relief recipients, their wives and children. This minimum treatment is not available to welfare recipients. How much this small service is used, we do not know, but it is essentially wrong because it is only an emergency treatment service—education and prevention are excluded. The committee was in definite agreement that some service must be provided for welfare recipients.

First—because it is our professional duty to do everything to render a complete service to everyone as far as it is possible. This means that this reason is basically beneficial to the welfare recipients.

Second—we need the experience which creating and administering a service of this kind would give us. We need to find out the pitfalls and evaluate the data which will be forthcoming. This reason is basically to benefit the dentist.

Dr. Gullett reviewed the background for us, pointing out that a plan of this nature had at one time proceeded to the point where the government agreed, but it was never implemented for political reasons. Now, all in the government who were familiar with our desires in 1948 are no longer available, with the exception of Mr. Frost. Dr. Gullett pointed out that the National Health Insurance plan, as outlined by the government in Ottawa, is progressing. Namely, 1. Health grants to establish hospital centres to train auxiliary and technical personnel. 2. Establishment of diagnostic services. 3. Hospital care plan which is the part being implemented at present in Ontario. The next step no. 4 will be medical care when this is running smoothly, the fifth step, dental care, will be included. *WHEN* is important, but *HOW* and by *WHOM* is more important.

The hospital care plan could conceivably be taken over by such an agency as the Blue Cross because they have by now had considerable experience in this service. Medical care is to come in the future. No doubt, such an agency as P.S.I. will carry great weight in the organization and direction of this service.

What will dentistry have to offer when dental care is proposed:

Our experience with having our problems handled by others—eg. medicine has been very bad and we do not want dental services directed by the governments.

In order to develop a Dental Welfare Scheme, the following considerations are pertinent.

- (1) What should be done by way of services to these people?
 - (a) Minimum service?
 - (b) Comprehensive service?
- (2) The cost should be investigated.
- (3) Methods of administration must be studied.

A motion was passed that the board of the R. C. D. S. reapproach the proper authorities of the Ontario government with a view to rediscussion of ways and means of providing dental service to welfare recipients.

Our committee carefully reviewed the report of the prepaid dental care for social service recipients in Alberta. The associate secretary was asked to secure additional information for us as follows:

1. Detailed figures pertaining to numbers of people who would be involved in such a service.
2. What present services are provided by the Ontario Department of Health?
3. Further information respecting breakdown of costs and services provided in Alberta.
4. Some concept of the demand for services would be valuable.

Another meeting was scheduled for further study and to implement the motion to reapproach the Ontario government.

The revised principles of Dental Health Services were reviewed. The committee offered several suggestions in respect to the principles presently existing as well as several new principles. The complete list, including proposed revisions and suggestions follows as *Addendum C*.

Respectfully submitted,
M. V. J. Keenan.

“REVISED PRINCIPLES FOR DENTAL HEALTH SERVICES”

Note: The following list contains proposed revisions and further additions to the Principles appearing on page 83 of the 1951 Transactions of the Canadian Dental Association.

The Canadian Dental Association recognizes an existing need of the improvement of dental health and will cooperate fully in constructive action directed toward improving the dental health of the nation provided that the following principles are adhered to:

HEALTH INSURANCE STUDIES

1. That dental health education be adequately provided for as a pre-requisite and as a continuing program.
2. That adequate provision be included for the encouragement and support of research in dentistry.
3. That preventive dentistry rather than restorative dentistry hold a dominant position.
4. That the practice of dentistry be carried on in the private office of the dentist, except under circumstances not favourable to private practice.
5. That there shall be no interference with the development and progression or recognized professional standards.
6. That only fully qualified dentists be permitted to practice any part of dentistry under the plan.
7. That the patient have freedom of choice of dentist and the dentist to retain the right to refuse attendance upon a patient subject to geographic ethical or professional considerations.
8. That the basis of dental service be to make available the services of the dentist in general practice and the referring of patients for any special services to be made through the general practitioner.
9. That the determination of need for dental services be the prerogative of the dental profession.
10. That the dental profession be adequately represented on all coordinating authorities and committees of any dental health plan.
11. That in order for standards to be maintained:
 - (a) Provision be made for teaching facilities to provide a sufficient number of graduates.
 - b) Provision for adequate facilities for clinical teaching in dental faculties and hospitals.
 - (c) Provision for post-graduate training of dental practitioners at frequent intervals.
12. Methods of payment:
 - (a) To the dentist
 - (b) By the patient (contributory)
13. Dentists' relationship to hospitals.
14. Review the introduction stages in respect to age limits and coverage.
15. Administration by Commission with dental representation approved by the profession.

REPORT OF NEWFOUNDLAND COMMITTEE ON HEALTH INSURANCE STUDIES

Your Committee on Health Insurance Studies, have made a careful survey of all the available literature on the subject, and present the following observations and recommendations for your consideration.

- (1) Preventive dentistry rather than restorative dentistry should have first consideration.
- (2) Intensive dental education should be carried out in the schools, and through the Press and Radio.
- (3) Fluoridation of communal drinking water should be strongly stressed to municipal authorities.
- (4) Federal and provincial governments should be requested to make grants available to increase the facilities for training more dentists and ancillary personnel, particularly dental hygienists.
- (5) Pre-payment or budget plan to provide greater dental treatment. Approximately 25%-30% of the population is receiving dental treatment regularly. We consider that many more of our people would seek treatment if some long range method of payment was arranged for them.

Province of Newfoundland

We view with deep concern the statement of the Premier, the Hon. J. R. Smallwood, that his government intends to provide free medical and dental treatment to all children, sixteen years and under; and further proposes to increase dental personnel by seventeen dentists and assistants to carry out the program.

Your Committee is fully aware of the dental needs of our people, but are not at all sure that the Government approach is the correct one. We feel that the profession should cooperate with the government provided that the interests of the profession are protected. The following conditions should be respected by the government.

- (1) The profession will be adequately represented on any committee set up to administer the dental health program.
- (2) Dental treatment to be carried out in the private office of the dentist, except where dental clinics are available in cottage hospitals.
- (3) No interference with recognized professional standards.

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- (4) Every qualified dentist in good standing be eligible to accept patients under the plan.
- (5) Patients to have freedom of choice of dentist, and the dentist to retain the right to refuse attendance upon a patient subject to geographic, ethical or professional considerations.
- (6) Determination of the need for dental services to be the prerogative of the dentist.
- (7) A scale of fees for services rendered acceptable to the profession.

Respectfully submitted,

F. A. JANES, Chairman
W. C. KING
D. A. POOLE

Appendix B.

DENTAL HEALTH EDUCATION AND TREATMENT DEMAND

R. M. Grainger, D.D.S., D.D.P.H., M.Sc.D.

In a previous report based on the Canadian Sickness Survey it was brought out that there is a great discrepancy between the prevalence of defects, or treatment needs and the treatment being received for dental defects in Canada. In the remote northern areas of almost all the provinces and in the thinly populated rural areas farther south the cost of travel in time and money is undoubtedly a real deterrent to the procurement of treatment. Also even in the densely populated urban areas there exists a small percentage of individuals, mainly public welfare recipients and members of exceptionally large families who have little money for dental treatment. However, study of the age groups reporting treatment and their need for palliative or emergency treatment which very often is the precipitating and only reason for visiting the dentist, makes it clear that a large part of the limited dental man hours available to the public are expended fruitlessly through neglect and ignorance. The time spent in extracting an abscessed tooth could have been used to restore the tooth if treatment had been sought in time and the need for a prosthetic appliance to restore the lost masticatory efficiency or esthetics could have been avoided. Such neglect to seek early treatment, coupled with the apathy to the adoption of water fluoridation, and ignorance of procedures which can control disease on an individual basis point out the need for intensive dental public health education.

Beginning in 1945 in Welland, Ontario under the sponsorship of the Red Cross Society, a huge experiment was launched to demonstrate the practicality of educating the public in dental health. The plan has since

spread to cover five counties and four major cities including Toronto thus involving over one quarter of the entire population of the Province. Its wider spread is limited only by the availability of specially trained Public Health dentists and the cost of the program is borne now through National Health Grants. The Public Health dentists are technically employees of the local Health Boards and function as organizers and teachers promoting good dental health through every available community channel.

As an aid to the planning, direction and evaluation of these dental health educational programs a system for statistical evaluation of community dental health has been gradually evolved by the Dental Statistics and Research Section of the Division of Medical Statistics of the Ontario Health Department. Based on these procedures substantial evidence of the success of the programs is now available in the dental literature and in the annual reports of the local Boards of Health. At the same time there has been an attempt by the Division of Medical Statistics to centrally consolidate the findings of the local areas for the purpose of emphasizing main principles and smoothing out the variation in absolute numerical values which stem from the differences between examiners themselves.

Table I contains pooled survey results from several regions and estimates the level of caries attack and caries treatment during the early and later years of an intensive educational program. It is thought likely that some public health workers achieve better results than others and it is also evident that modifications of the general approach are necessary according to the size and character of the Community. For the same reason that an accounting system is necessary for each branch of an industrial corporation it is necessary for each independent health district to keep continual statistical records for their own evaluation and guidance. The principles emerging from the dental health education experiment to date are listed and discussed below.

1. *Public Interest*—It is clear that upon being informed of their children's need the majority of the parents willingly obtain and pay for the required treatment. The public is not apathetic but only uninformed. The levels of 30 to 40 per cent of children with no caries treatment needed at the time of the examination are gratifyingly high since this entails that many more have only one or two small defects. In initial years in several program areas the numbers of children who completed caries treatment was below five percent.
2. *Reduction of Treatment Backlog*—The reduction to about one half or less in numbers of teeth needing treatment has been achieved by the cooperation of practising dentists responding to the public's demand for children's dentistry. The dentists have from the beginning been fully employed and presumably have not increased their working hours. It is felt that the reduced backlog is at least partially due to the patients

coming to the dentist for regular and early treatment by which means two or three incipient cavities may be cared for in the time necessary for a single lesion rendered large by neglect. It is likely that the Dental Seminars or local refresher courses which have been sponsored jointly by the University of Toronto and the Ontario Government as organized by the Dental Public Health Committee, Ontario Dental Association, have also encouraged and aided the private practitioners to use more efficient treatment methods.

3. *Educational Programs and Water Fluoridation*—The Municipal Dental Health Director strives to bring all possible community resources and the full professional armamentarium to bear on the dental health problem. Much time has been devoted to the advancement of water fluoridation since it stands as the most economical and singularly efficient community caries control measure. Table II shows how the over-all educational program enhances the advantage provided by water fluoridation. In the natural fluoride regions of Elgin County the educational program has reduced the treatment backlog to the remarkable figure of approximately one tooth per child. Thus it may be seen that water fluoridation is most effective when it forms an integral part of the broader dental health educational program.
4. *Reduction of Dental Caries Incidence*—There is mounting evidence that it has been possible to persuade a significant number of the public to adopt on an individual basis the various procedures which are known to be capable of reducing the caries incidence. Much stress has been placed on instruction in oral hygiene, restriction of fermentable carbohydrates and adequate nutrition during the time of tooth development. Table III gives the percentages of children in Welland City, Thorold and Wainfleet Townships (area No. 1), and in Grimsby and Clinton Township (area No. 2) who have been reported by the Dental Health Officers to have no caries experience on the permanent teeth. Similar data is being gathered in the above independent program areas to corroborate if possible the above results and it may be that reduction in average numbers of decayed, missing and filled teeth is of the magnitude suggested in Table 1. The important factor is that an avenue has been developed for teaching preventive dental measures which in the near future are expected to become many times more effective as the result of current dental research.*

*As an illustration, it was reported to the Toronto Chapter of the International Association for Dental Research in March 1956, that susceptibility to dental caries is related to tooth size which is a factor of diet at the time of tooth development. The integration of this measure of tooth susceptibility with the results of caries activity tests such as the lacto bacillus count, makes it possible to more accurately prescribe the steps which an individual should take to reduce his caries incidence. The elimination of needless over restriction for relatively resistant individuals and the avoidance of promising great success for highly susceptible people can be expected to increase the public confidence and acceptance of otherwise neglected control measures.

5. *Epidemiological and Clinical Research*—Like the man lifting himself by his own shoestrings the facilities of the local dental public health directors, the ready access to school populations, and the accumulating wealth of survey data are providing the means of developing more efficient control measures to be applied again to the local population. The cooperation of the dental health officers has made possible several important epidemiological studies by members of the Research Division of the Faculty of Dentistry.
6. *Specific Inferences on Health Insurance*—in the event that some type of pre-payment dental treatment service were to be introduced to this country there would be the following important advantages of it being preceded and accompanied by intensive dental health educational programs.
 - (a) Public appreciation for a service would be vastly greater if it were something for which they had previously been willing to pay, than if it had never previously been of interest.
 - (b) The backlog of treatment needs would be found reduced to the order of one half making it possible to provide better service to more people from the very beginning.
 - (c) The inspection of school children by the dental health officer would provide an ethical and effective supervision of services rendered, since practitioners become conscious that their work is observed and compared with that of others.
 - (d) The wealth of data on the prevalence and incidence of dental defects would make it possible to plan for treatment required with great accuracy and enable the results of the service to be evaluated.
 - (e) The continued teaching of control measures to the public offers great hope for the reduction of the incidence of dental defects to lower than present levels.

TABLE I

DENTAL CARIES TREATMENT LEVEL AND ATTACK RATES
AMONG 9 YEAR OLD SCHOOL CHILDREN RESIDING IN ON-
TARIO COMMUNITIES WHERE INTENSIVE DENTAL EDUCA-
TIONAL PROGRAMS HAVE BEEN ESTABLISHED

DENTAL CONDITION OF DECIDUOUS AND PERMANENT TEETH	Residency	Rural or Urban	INTENSIVE DENTAL EDUCATIONAL PROGRAM					
			2 YEARS OR LESS			3 YEARS OR MORE		
			Estimate of Condition	No. of Children Examined	No. of Inde- pendent Examiners	Estimate of Condition	No. of Children Examined	No. of Inde- pendent Examiners
Percentage of children with no observable caries, prematurely missing or restored teeth.	Only Those Born in the Area	R	10.7	731	3	14.3	579	4
		U	8.2	510	3+	10.4	755	5
Percentage of children having caries treatment completed or never needed (above).		R	17.5	731	3	29.5	710	4
		U	21.4	510	3+	41.6	802	6
Average No. of decayed missing or filled teeth per child.		R	6.8	314	1	4.9	245	2
		U	6.9	414	3+	6.6	402	3
Average backlog of teeth needing restoration per child.		R	3.2	255	1	2.3	330	4
		U	4.2	414	3+	2.0	476	4
Percentage of children with no observable caries, prematurely missing or restored teeth.	All Attending School	R.	4.3	2721	5	8.0	1468	4
		U	5.7	1546	4+	6.9	958	5
Percentage of children having caries treat- ment completed or never needed (above).		R	17.7	1932	4	25.3	2222	4
		U	14.5	1487	5+	41.9	3468	8
Average No. of decayed missing or filled teeth per child.		R	6.8	413	1	4.4	490	2
		U	6.7	558	3+	6.3	568	4
Average backlog of teeth needing restoration per child.		R	3.3	414	1	1.5	674	4
		U	4.7	558	3+	2.1	850	6

Note # The figures constitute independent estimates of the dental condition of children living under the described conditions and were derived by pooling data submitted by Local Dental Health Directors to the Division of Medical Statistics during the school years 1953-54, and 1954-55. The pooling of data gathered by more than one examiner is intended to smooth out differences in absolute recording levels between examiners. Evidence as to the reality of changes in these and other conditions are available in the records of the Individual Local Boards of Health. Similar figures are also available for children ages 5, 7, 11 and 13 years of age. Water fluoridation is not present in any of the survey regions reported above.

TABLE II

**AVERAGE NUMBERS OF TEETH NEEDING RESTORATION
FOR NATIVE BORN CHILDREN EXAMINED DURING THE
FIRST AND THIRD YEARS OF INTENSIVE DENTAL
HEALTH EDUCATION IN FLUORIDATED AND NON
FLUORIDATED AREAS OF ELGIN COUNTY
ONTARIO**

Age Last Birthday	Aylmer and South Dorchester Twp. (Nat. Fluoride 1 PPM)		Malahide, Bayham, Dunwich Southwold, Yarmouth (No Significant Fluorides)	
	1952-53	1954-55	1952	1954
7	1.71 (21)*	1.44 (46)	2.75 (161)	2.07 (207)
9	2.54 (24)	1.11 (46)	2.30 (140)	2.10 (193)
11	1.40 (20)	1.15 (27)	1.69 (128)	1.53 (169)
13	1.85 (20)	0.89 (28)	1.83 (117)	1.40 (125)

* (x) Number of Children Examined is given in Brackets.

TABLE III

PERCENTAGE OF NATIVE BORN CHILDREN WITH NO CLINICAL SIGNS OF HAVING EXPERIENCED CARIES ON THE PERMANENT TEETH (i.e. HAVING NO FILLINGS, EXTRACCTIONS, OR CARIOUS TEETH) ACCORDING TO THE YEARS OF TIME SINCE THE INTRODUCTION OF DENTAL EDUCATIONAL PROGRAMS

Age Last Birth- Day	Dist.	Year of Dental Programme						
		1	2	3	4	5	7	8
5*	Area #1	87.85 (107) #	94.78 (134)	97.45 (157)	93.17 (161)	96.51 (86)	94.7 (94)	96.1 (77)
6*	Area #1	56.96 (79)	76.42 (106)	74.61 (193)	74.53 (161)	78.75 (160)	64.9 (114)	—
	Area #2	58.23 (79)	85.71 (56)	—	92.31 (26)	—	—	—
7*	Area #1	30.00 (80)	30.61 (49)	42.19 (128)	36.17 (188)	40.85 (142)	41.5 (118)	43.20 (125)
	Area #2	49.47 (95)	32.39 (71)	—	48.0 (25)	74.0 (103)	—	—
9*	Area #1	4.08 (49)	6.38 (47)	17.71 (96)	12.36 (89)	16.3 (116)	20.2 (129)	20.88 (91)
	Area #2	5.88 (68)	17.24 (87)	—	29.41 (17)	31.5 (35)	—	—
11	Area #1	4.65 (43)	6.67 (30)	6.35 (63)	4.48 (67)	2.13 (94)	2.00 (101)	5.60 (89)
	Area #2	5.56 (72)	6.67 (60)	—	15.38 (26)	15.00 (40)	—	—
13	Area #1	0 (25)	5.56 (18)	1.82 (55)	1.82 (55)	0 (82)	1.40 (69)	3.70 (54)
	Area #2	3.85 (26)	4.26 (47)	—	0 (11)	0 (32)	—	—

*Trends for these years are beyond chance

#(x) Number of Children examined is given in brackets

Source: Health Unit Records, 1946 to 1954. The Children examined were either the whole school enrolment or systematic samples from the school enrolment lists.

FEASIBILITY OF INSURING DENTAL CONDITIONS

ASSIGNMENT: A study of the feasibility of insuring dental conditions.

APPROACH: Present day living customs have made people health insurance minded, that is, prepaying for medical and hospital needs. The question is being asked—"Why not dental health service insurance?"

DEFINITION OF DENTAL HEALTH SERVICE INSURANCE

Insurance is a pooling of risks and resources to indemnify and guarantee payment of the cost of needed dental care. It may provide two types of benefits. 1. Indemnity type which provide certain payments against specific services e.g. Insurance Companies pay definite amounts for specific surgical operations. 2. Service type which provides payment in full for cost of services e.g. Workmen's Compensation Board pays for services allowed in full.

IS DENTAL CARE AN INSURABLE RISK?

Dr. F. G. Dickinson, Director of the Bureau of the Medical Economic Research of the American Medical Association, has listed seven fundamental insurance principles. A study of their application in Dental health service insurance was made in the University of Michigan Workshop and reported by Mann and Easlick in "Practice Administration for the Dentist," page 301. The seven points with comments by the Michigan Workshop follow in quotations.

"1. The risk must be subject to laws of mathematical probability. In other words, it is necessary to be able to predict with high degree of accuracy just how often the contingency insured against may occur."

"Comment: Since the incidence and prevalence of some of the dental defects in population groups are subject to measurement, it can be assumed that this principle can be applied at least to those particular dental defects which are measurable."

"2. There must be an insurable interest. The person insured must be involved to the extent that he will lose financially upon the occurrence of the event against which he wished to be insured."

"Comment: Since anyone subscribing to a health insurance plan can be assumed to be interested financially in the health of himself and his family, this requirement can be met in dentistry."

However, the dental service benefit must be sufficiently attractive to justify payment of premiums. The plan would, of course, have to be organized on a group basis.

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"3. There should be a large number of independent risks spread over a fairly large geographic area. The diversity of risks is necessary so that there will be a reduced possibility that a majority of the persons insured in a single plan would become sick at the same time. If a substantial number of persons insured in one program needed health care at about the same time, it would place a heavy financial drain on the program."

"Comment: Owing to the fact that almost every person with the exception of the very young and the very old needs a certain amount of dental care each year, this requirement is difficult to meet in the dental field. It seems logical, however, that the requirement can be met:

- (a) By restricting dental benefits to dental defects that do not occur frequently.
- (b) By charging a sufficiently high premium to cover the cost of a large volume of dental care.
- (c) By limiting dental services to maintenance care after accumulated defects have been corrected."

"4. The risk involved must be important to the insured party. If the contingency to be insured against is of little or no consequence to the insured, there is little need for carrying insurance on it."

"Comment: This requirement can be met through health education. Many people do not want dental care, but it has been demonstrated on many occasions that sound health educational procedures can create a desire for good dental health."

"5. There must be an element of uncertainty as to the occurrence of the event. If a person knows that an event is going to take place at a given time, such an event does not lend itself to the principles of insurance. In such a situation, it would be more feasible economically to budget so as to be prepared financially to meet the situation."

"Comment: In connection with this principle and the question, is a dental prepaying plan an insurance program, it is the opinion of the Committee that a dental prepayment plan is not an insurance program until the insured's initial care has been treated. Since there is no element of uncertainty about known defects and since insurance provides for the risk of occurrences and spreads the costs of those pooled risks, the dental prepayment plan can become an insurance program only after the elements of uncertainty are in operation."

"6. The existence of insurance should not have a tendency to increase the risk. This is sometimes referred to as eliminating the

moral hazard. An example often used in fire insurance is that it is unsound economically to permit the owner of a building to insure it for more than its actual value. Carried into the realm of health insurance, the existence of the insurance should not increase appreciably the demand by the insured for health service."

"Comment: Since the existence of insurance would have no greater tendency to increase the risks of dental defects than of other physical defects, the principle can be applied, with certain exceptions, as well to dental care as to medical care."

It cannot be taken for granted that the tendency toward dental defects would not increase with elimination of the moral hazard because dental caries for example is very sensitive to indulgence in sweets or neglect of oral hygiene. There is good reason for planning Dental Health Insurance only after and accompanied by intensive Dental Health Education Program.

"7. The risk must be measurable financially. This requirement has to do with measurement from the standpoint of cost rather than measurement from the standpoint of number of occurrences from within a given number of insured mentioned in the first requirement. The measurement of cost is of extreme importance due to the indirect relationship between the benefit and the premium. If the cost of the benefit is unknown, it is important to establish an appropriate premium."

"Comment: A decision on this question will remain unanswered until actuarial data have been obtained through experimental or trial programs."

Without experience this seems like an insurmountable obstacle. However there are some common insurance practices in use to limit the insurance risk when it is difficult to measure.

1. Pro rata arrangement whereby the dentist would receive less than his normal fee if the income from premiums is less than the aggregate of dentists fee claims during a specified period.

2. The indemnity type of benefit provides definite amounts payable against specific services and the insured pays the balance.

3. The service type of benefit which is most popular with subscribers, provides payment in full for actual charges (or a percentage of charges) whatever they may be. In this type of benefit it is necessary to set up a fixed tariff for specific services such as exists in Ontario Workmen's Compensation coverage. A further example of this is Blue Cross Hospitalization coverage. The Blue Cross plan is operated by the Ontario Hospital Association which has some control over the per diem hospital rates and other charges in Ontario Hospitals.

4. The "deductible" clause which in an insurance plan is designed to eliminate minor claims. If such a clause were included in a dental health insurance plan, it would work against regular prevention dental care. It would be better to include certain preventive services such as—bi-annual examination and prophylaxis, annual bitewing x-rays etc., and then apply the deductible feature.

5. The Co-insurance feature in an insuring program gives the insured an interest on his own behalf. The benefit might be 75% of cost with the insured paying 25%.

Undoubtedly these limiting variations of insurance are well known to all but they are brought forward at this time to support an opinion that it is possible to mould a dental health insurance plan.

WHAT SERVICES SHOULD BE INCLUDED IN A DENTAL HEALTH INSURANCE PLAN:

1. Dental service for children. This might well be the basis for any plan. It might include Orthodontics of a preventive nature as specified but treatment of established cases might have to be restricted until the end of an initial waiting period.

2. Other benefits might be added from time to time as experience permitted:—

(a) Expected items such as Examinations, Diagnostic and Prophylactic services are not considered insurable risks. However in the interest of preventing dental disease they could be budgeted and included as a benefit in the plan.

(b) Operative treatment where laboratory services are not involved probably would lend itself to insurance since dental caries increment is statistically predictable in groups of people.

(c) Periodontal treatment would be difficult to include due to the chronic nature of the disease and management problems. Resulting extractions could of course be covered.

(d) Prosthetic services might be offered subject to a co-insurance clause and on condition that the applicants initial need for dental care had been brought up to a satisfactory standard prior to enrolment in the plan, and the patient does not default on maintenance care.

(e) Surgery of an unpredictable and severe nature such as treatment of diseases, injuries, fractures, dislocations of the jaws; alveolectomies; removal of foreign bodies or sequestra; root resections; and removal of impacted teeth seem most clearly to be insurable and should be included in a plan at an early stage.

(f) Fractured teeth due to accidental impact could also appear to be statistically predictable and capable of inclusion in an insurance plan—particularly as a part of dentistry for children.

WHAT INFORMATION IS CONSIDERED ESSENTIAL FOR IMPLEMENTING A PLAN:

Certain information is essential for implementing a plan of dental health service insurance to determine costs and financial soundness of the plan. The Michigan Workshop sets out its opinion as to the minimum data necessary.

"A. Information on the standard population.

- (1) Age and sex distribution of the standard population to allow the selection of an experimental population group which will reflect the distribution in the general population.
- (2) The incidence and prevalence (within the standard population) of the diseases and defects to be included in the plan.
- (3) The utilization of the services by specific age and sex groups.

B. Fees for providing the services to be included in the plan.

C. Costs of rendering the dental services.

D. Costs of equipment, supplies, and the administration of the plan."

Further the same "Workshop Group" set forth advantages and disadvantages for administering the insurance plan through the facilities of an existing prepayment organization such as "Blue Cross" as compared with a strictly dental organization.

"The advantages of Administration of a prepayment dental care plan through the facilities of an existing prepayment organization such as Blue Cross are:

- (1) The utilization of an existing and successful administrative group.
- (2) The savings that could probably be obtained by not duplicating the cost of administration.
- (3) The possibility of greater coverage through association with other established, successful health plans.
- (4) The prestige of being identified with an acceptable, successful program.

The disadvantage is the lack of administrative control by dentists or dental groups.

The disadvantages of administering a prepayment dental care plan through a dental association are:

- (1) The lack of actuarial administrative experience to conduct the plan.

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- (2) The lack of a promotional force and the prestige to obtain readily a large number of participants.
- (3) The possibility of an excessive cost of administration.
- (4) The lack of geographic coverage.

The advantage of administering a prepaid dental care plan through a dental association is that the administrative control would be under the dentists."

In clarification of the flat statements above that control of the plan by dentists is advantageous, as per se, it is perhaps necessary to point out that the excellence of modern dental service has come about through the efforts of this free yet responsible professional group to render the best possible service to the public. Thus for example any administrative arrangements which tend to restrict the development and use of new and improved methods or which interfere with the professional training and status of the dentist cannot help but affect the quality of the service received by the public.

CONCLUSION

In conclusion these observations are submitted with a feeling of arriving at a dead end, at least for the time being. There is a recognized difficulty in setting up a strictly dental plan, financially sound and yet attractive to the public because of the nature of dental diseases. The possibility of some association with a general health insurance plan should not be discarded without consideration. Further study seems indicated perhaps with the assistance of someone versed in health insurance practices and supported by a pilot experiment to obtain needed information. Every effort should also be made to follow the experimental plans underway in the United States.

Respectfully submitted,

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Appendix D.

ALBERTA DENTAL ASSOCIATION

PREPAID DENTAL CARE FOR SOCIAL SERVICE RECIPIENTS

1. This prepaid dental treatment service in Alberta is unique for several reasons. It is, we believe, in its coverage, the only such comprehensive plan in operation in North America and, in fact, in the world, resembling in no way any so-called health insurance scheme. It operates on a monthly per capita grant from the provincial Government but administration is under the authority of the Board of Directors

of the Alberta Dental Association, the legal dental body of the province. It is a part of a general treatment service, medical, surgical, dental and limited optometrical, instituted by the Department of Health for the benefit of all provincial old age and blind pensioners, their spouses and dependent children, and recipients of widows' and mothers' allowances and dependent children.

2. The College of Physicians and Surgeons provides medical and surgical benefits under similar arrangements, while the optometrical service is administered more directly by the Department.
3. The complete service started operations on June 1, 1947, and, with only slight modifications to adjust organization to needs, continues to the present time, a period of over eight years, during which time its principles have become established. Its great weakness is, of course, that it is solely a treatment service so far, whereas, for the younger age groups, an educational and preventive effort should be part of the program. The Board has given some thought to this in the hope of developing permanent benefits.
4. The inclusion of the dental section was not a spontaneous idea of the Department but was authorized only after a conference of members of our Board with the Minister, when it was shown that there could be no complete health service such as the Government contemplated without a dental section in the program. Unfortunately, though a special grant had been provided for the medical-surgical field, there was no fund available for dentistry. The Minister finally indicated that there was a balance of a previous appropriation within the Department which might be allotted.
5. There was, however, no precedent nor data as a basis for estimating the cost of the service and administration, hence this departmental grant was established on an entirely arbitrary pattern which worked out at 25c per capita per month for the 18,000 odd pensioners then on the rolls, plus 1¼c per individual per month as an administrative grant. In operation these two sums were lumped in a common fund since, obviously, there was no need to keep them separate.
6. The service became operative on June 1, 1947, but on a temporary basis until March 31, 1948, the end of the Government's fiscal year, at which time the whole arrangement was reviewed but for that period the Board obligated the members of the Association to render any services required, regardless of whether the grant would cover the job or not. Being entirely experimental, the profession accepted the obligation on that basis. For the next few years the agreement was renewed annually and since 1953 is a continuing contract, cancellable by either party on one month's notice.

7. At the end of this first trial period a considerable surplus had accumulated, probably because the beneficiaries did not recognize fully that the service was available. During the next few years, as they became aware of the benefits, this surplus fluctuated considerably but gradually decreased to the point where it was impossible to continue on the basis of the existing grant, even though the schedule of fees had been adjusted from time to time to meet the situation. In 1953, following a discussion of the problem with the Minister, the grant was increased to 33 1/3c per month per person.
8. These first few years of operation established one definite principle for any such plan: there must be an adequate reserve fund commensurate with the scope of operations because of the great variation in accounts payable from month to month. Things will go along comfortably with a surplus for several months, then for a period there will be deficits of several thousand dollars per month. Then things level out again and depletion is recuperated gradually. These are largely seasonal factors.
9. The administrative office was established in Edmonton in conjunction with the office of the Association. This arrangement has proved to be efficient and economical since office overhead is shared with the Association. One competent office manager attends to all clerical details such as authorizations, maintaining records, itemizing charts and so forth, with the part-time assistance of one stenographer for filing and other clerical duties. Temporary clerical help is necessary at times. Under this system administrative costs, which also include part-time salary to the professional supervisor or referee, have been kept remarkably low—to an average of about 6.5% of the grant. For operational purposes, the establishment set up for DVA for post-war dental treatment of veterans, then in effect for several years across Canada, the routine of which was familiar to all dentists, was used as a guide, adapted in various particulars to conform to the conditions under which the Pensioners' Service would have to operate provincially and with the more personal relations which would apply in such a service. This has proved with only a few minor modifications, to be quite satisfactory. The necessary regulations for control of operations have been kept to a minimum and are interpreted as liberally as circumstances may warrant.
10. A full treatment service, with a couple of minor exceptions, is provided, though the Board maintains control through an appointed professional referee whose ruling on controversial points is final, except on management issues. Treatment is free, with the exception of prosthetic restorations, for which the patient pays one-half the prescribed fee. The purpose of this provision is to eliminate the problem imposed by patients discarding reasonably satisfactory appliances if new ones

were made available at no cost, as occurred in Britain during the first couple of years of their National Health Service. The prosthetic part of the service is considerably the most expensive to operate.

11. Treatment is given in private offices only and payment made under a schedule of fees which is adjusted periodically to conform to the grant from the Government and which, though considerably below the fees in effect generally in the province in private practice, is accepted by the profession as a fair remuneration. Relatively, this schedule is probably a bit more generous than that in effect for medical-surgical services because of the high overhead, comparatively, of dental practice, about 50% of gross income.
12. The Department issues a numbered entitlement card to each social service recipient, listing the name and, if any, the names of spouses and dependents; a similar record card with the same information is sent to the office of the Association. For various reasons there is a considerable change in personnel each month amongst these persons; old age pensioners die, new ones become eligible, some widows' or mothers' allowance recipients remarry or obtain more remunerative employment, children become over-age or employed. For these and other reasons, the lists are revised monthly, old cards withdrawn and new ones issued. Files must, therefore, be altered accordingly and this is a slow, tedious job. Though there is a great variation, there are probably from 500 to 600 changes per month with an average overall monthly increase of about 200. At the present time there are over 35,000 persons on the rolls, twice the number there were in 1947.
13. In operation the plan has been simplified to the utmost. The patient has, of course, free choice of dentist. On applying for treatment, the needs of the case are charted on a form provided, which is then forwarded to the central office for authorization, where at that time entitlement is checked and fees itemized. This chart is then returned to the dentist and, on conclusion of the treatment, the patient signs a statement on one side of the chart that he or she has received the services indicated, the dentist another statement that he has performed those services. The chart is then sent to the office for payment, which is done monthly. In any emergency condition, prior authorization is not required. An emergency, as construed in our office, might be the result of an accident, the relief of pain, inconvenience to the patient because of time or distance, and other like circumstances. The patient may receive treatment while out of the province for any reason so long as listed on the rolls of the Department. A minimum of 400 to over 600 charts are processed each month with an average of about 500.
14. Complete statistical data have been maintained since the beginning, recording administrative costs, collective and particular costs in cover-

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age and age groups and individuals, and the cost of all types of restorations in relation to any group covered by the service. Also on file is the percentage of applications for treatment from each entitlement group for each year. This varies from about 8% per year for old age pensioners to about 25% of the mothers' allowance and dependents group. These proportions have remained remarkably consistent throughout, with only slight variations, even though the total number entitled to treatment has doubled in the 8-year period. This statistical information is in considerable demand from various organizations and groups considering similar plans in whole or in part.

15. One of the most satisfactory features of the program has been the remarkably small number of complaints received from patients. In almost every instance any complaint has been from the old age group who, because of age, find it difficult to adapt themselves to new appliances. A special effort has been made to placate these individuals so that there may be no retained resentment towards the profession or the Department. Objections from dentists have been confined almost entirely to more recent graduates who have yet to learn that there are values other than money involved in any professional service. This is equally true in private practice.
16. In conclusion, Mr. Chairman, this report has been made as factual and concise as possible, giving only the broad picture showing that such a service has been operating long enough to prove that it can be done satisfactorily for all concerned. Statistics have been avoided as these mean nothing except as studied collectively. All details are available from our office at any time for anyone interested.

Appendix D. 1.

ALBERTA DENTAL ASSOCIATION PENSIONERS' DENTAL SERVICE

Administering dental treatment under Bureau of Public Welfare Act, 1947, for Department of Health, Provincial Government.

PROCEDURE

1. Pensioner must present certification card from Alberta Department of Health for self and dependent(s). The new card being issued states that unless the patient presents the card before any dental service is rendered, they will be considered as private patients and liable for the whole account.
2. Full treatment except orthodontia and posterior bridges will be given to:—
 - (1) Blind pensioners and their dependents.

- (2) Widows' Allowance pensioners and their dependents.
- (3) Old age pensioners and their dependents.
- (4) Widows' pensioners.

For all dentures, full partial and fixed bridges, the patient will be required to pay half the prescribed fee.

3. For visit - 1. Give no treatment except emergency.
 2. Make examination and mark findings on official chart. Any comments or suggestions should be made in separate covering letter and both mailed to Alberta Dental Association, 521 Tegler Building, Edmonton for authorization.
4. On receipt of authorized chart, proceed with treatment just as indicated.
5. If changes or further treatment seem advisable, further authorization must be obtained.
6. When treatment is completed, fill in fees in proper place on back of chart, sign and return to above address. Be sure to have patient or guardian sign as indicated.
7. Payment will be made about the 10th of the month following the month in which the chart was received for payment.

SCHEDULE OF FEES

Diagnostic Radiograms:

(1) Single intro-oral film (bite wing or apical).....	2.00
(2) Each additional film	1.00
(3) Complete series, upper or lower (7 films).....	6.00
(4) Full mouth series (14 films).....	10.00

Dental Hygiene and Health Treatments:

To include prophylaxis, fluorine applications, Vincents' Angina, etc.
 (2 treatments allowed) 3.00

Periodontal treatments (by agreement following submission of explanatory letter and x-rays).

Surgery:

(1) Extraction under local anæsthesia	
First tooth	3.00
Second tooth	2.00
Each additional tooth	1.00
(2) General Anæsthesia	5.00
(3) Extraction each tooth	1.00

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- (4) Impactions, fractures (by agreement following submission of explanatory letter and x-rays)

Restoration:

- (1) Amalgam (1 surface) 3.00
- Amalgam (2 surfaces) 4.00
- Amalgam (3 surfaces) 6.00

(MAXIMUM OF \$8.00 ON ANY ONE TOOTH)

- (2) Silicate 4.00
- (3) Acrylic 6.00

(MAXIMUM OF \$8.00 ON ANY ONE TOOTH)

- (4) Gold Inlay (1 surface) 10.00
- (5) Gold Inlay (2 surfaces) 12.00
- (6) Gold Inlay (3 surfaces) 18.00
- (7) Gold foil 12.00
- (8) Gold Crown, cast occlusal 20.00
- (9) Gold crown, cast 25.00

Fixed Bridges: Abutments (as in above fees)

- (1) Pontic 15.00
- (2) Replace porcelain facing..... 5.00
- (3) Recementing bridge 3.00

Removable Partial Dentures:

- (1) Base and teeth..... 40.00
- (2) Clasps and rests each..... 6.00
- (3) Bar (stainless steel only will be authorized)..... 6.00

The Association will pay half of all denture fees only, patient to pay other half. Partial dentures will not be authorized unless a study model of the mouth is sent in with the chart for authorization.

Complete Dentures:

- (1) Upper or lower..... 55.00
- (2) Complete upper and lower.....110.00

Of the above fees, the Association pays \$30.00 for a single denture, \$60.00 for complete upper and lower and the patient is responsible for the remainder.

- (3) Reline 20.00
- (4) Repair dentures 5.00
- (5) Each tooth replaced or added..... 1.00

Devitalizing and treatment (by agreement following submission of explanatory letter and x-rays).

EXPLANATORY COMMENTS AND SPECIFICATIONS FOR
DENTAL OPERATIONS

Dental surgeons before making the authorized examinations, will when necessary, remove such calculus or debris as is necessary to permit the making of an accurate diagnosis and report. No additional fee may be claimed for this service.

A prophylaxis will be interpreted as the removal of calculus plus the polishing of the teeth and is authorized only when no morbid changes requiring periodontal treatment are anticipated. It may not be construed as an additional fee to that authorized for other periodontal treatments.

A maximum of two treatments for Vincents' will be allowed and should the infection persist, a report of the result obtained and a recommendation for further treatments to be submitted to the administrative office.

Radiograms may be authorized by the administrative office after explanation of necessity. Films which are distorted, or which fail to show sufficient area to be of value as an aid to diagnosis, or which are not mounted and clearly marked with the name and number of the patient, and the numbers of the respective teeth, will not be accepted or paid for.

General anæsthetics will only be authorized in exceptional cases.

Extractions will ordinarily be made under local anæsthesia. Extractions without an anæsthetic should not be undertaken unless the patient requests that no anæsthetic be given. The maximum fee for extractions in any case will not exceed \$25.00 including anæsthesia, local or general.

Minor oral surgery including impaction and fractures. Detailed report and radiograms are required.

Cavities to be filled with amalgam will have, when indicated, a protective base against thermal attack. All fillings must be properly contoured and have a correct contact point, and must have grooves and cusps carved to occlusion.

Teeth to be restored with silicate or acrylic will have the pulpal wall protected with radiopaque material impervious to the filling ingredients.

Appendix D. 2.

Statistical Summary for the Fiscal Year Ending Dec. 31, 1954:

	<i>No. of Cases per Group</i>	<i>Disbursements per Group</i>	<i>Cases Average per Group</i>
Old Age Pensioners.....	1,605	\$ 33,351.58	\$20.78
Old Age Pensioners.....	170	3,388.50	19.93

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Dependents and Spouses			
Blind	99	1,915.00	19.34
Blind Dependents & Spouses	36	789.00	21.92
Mothers Allowance	595	12,847.50	21.59
Mothers Allowance Dependents	1,528	29,123.00	19.06
Old Age - 65-69 years	964	22,744.50	23.59
Old Age - 65-69 years Dependents and Spouses	207	4,450.50	21.50
Widows	126	3,212.50	25.50
Widows Dependents	2	67.00	33.50
TOTALS	5,332	\$111,889.08	\$20.98

Appendix D3.

FINANCIAL STATEMENT
PREPAID DENTAL CARE FOR
PENSIONERS' DENTAL SERVICE
ALBERTA DENTAL ASSOCIATION

The following is our monthly Profit and Loss Statement for the period from January 1, 1955, to December 31st, 1955, showing revenues, expenditures for dental treatment and administration costs (estimated) and profit or loss.

1955	Gov't Grant	Cost of Dental Services	Administration Costs (est.)	Profit or Loss
January	11,550.67	10,647.34	800.00	103.33
February	11,602.33	10,015.00	800.00	787.33
March	11,638.66	10,712.50	800.00	126.16
April	11,715.33	10,444.00	800.00	471.33
May	11,725.00	12,192.00	800.00	— 1,267.00
June	11,803.00	14,221.00	800.00	— 3,218.00
July	11,848.00	9,593.24	800.00	1,454.76
August	11,897.00	12,698.00	800.00	— 1,601.00
September	12,004.66	13,054.50	800.00	— 1,849.84
October	12,183.66	14,872.00	800.00	— 3,588.34
November	12,142.33	10,914.50	800.00	427.83
December	12,166.33	10,772.50	800.00	593.83
	<u>\$142,399.09</u>	<u>\$140,136.58</u>	<u>\$ 9,600.00</u>	<u>—\$ 7,559.61</u>

SASKATCHEWAN PUBLIC ASSISTANCE DENTAL PROGRAM

Operated as a government administered program, dental services are available to certain classes of persons as designated by the Minister of Public Health, and as an integral part of an overall health service involving medical care, hospitalization, dental care, drugs, optical services and certain other services particularly applicable to aged persons. Administration is centralized in Medical Services Division which is a separate Division of the Department of Public Health. All dental accounts are routed through the Dental Health Division for final scrutiny and approval. A system of Master Dental Charts covering all beneficiaries has been continuously maintained which provides cumulative dental histories in some long term cases for six years or since the introduction of the Master Charts.

This service has legal authority under the Health Services Act of 1946 with Regulations as amended from time to time by Order-in-Council. It is financed by specific vote of the Legislature, (with some latitude by way of supplementary estimates) as a part of the overall budget for Medical Services Division. *Expenditure in 1953-54 was slightly in excess of \$75,000 for dental services exclusive of administration. There has been some increase in expenditures since that time. Approximately 34,000 persons (1953) are covered by this program with some 7,000 14 years of age and under.

Operation:

Long term beneficiaries are in receipt of a Health Services Card, renewable annually, and subject to recall on notification from the Department of Social Welfare on cessation of eligibility.

Short term or indigent health services for persons, not in receipt of a pension or allowance, are provided with a minor treatment form on application to District Welfare offices. The Health Services Card sets out the health service benefits available and methods of obtaining the same. A pamphlet outlining the service accompanies each card when issued. In addition a letter in respect to preventive dental services for children in the Mothers Allowance group is forwarded annually at a later date, in the envelope enclosing the monthly cheque from the Treasury Department.

Authorization from the Dental Division is not required for routine services as set out in the regulations. Payment is made according to a fee schedule negotiated with the College of Dental Surgeons. Denture service

* Budgetary provisions are in contrast to the per capita monthly allotment in the Province of Alberta. As only 16,280 persons participated in dental services available per capita costs per eligible beneficiary per year amount to \$2.21, or 18.4 cents per month per capita costs per individual obtaining service—\$4.62 or 38.5 cents per month as compared to 33½ cents in Alberta. Further comparison is difficult in the absence of equivalent statistics. Annual statistical reports of all services are available as prepared by Research and Statistics Division of the Department.

is largely restricted to full dentures except for partials involving anterior teeth and the patient is required to pay the dentist's fee in excess of a grant of \$25.00 per denture. Some latitude is allowed in exceptional cases on certification by the Department of Social Welfare. Special categories for which the government accepts full responsibility i.e. Wards, Rehabilitation etc. are approved at D. V. A. rates. Restrictions on certain partial dentures (younger persons), second sets of complete dentures and relines, involve acceptance of a five year assignment of any responsibility under the program.

A limited orthodontia service has recently been established to provide orthodontic care for Wards awaiting adoption by foster parents.

Complete Examination and Report are paid for but is not mandatory. Certain limitations of services requested—prophylaxis, bite-wings, space maintainers and similar border-line services await College clarification and specific action. Further details found necessary in the operation of a dental public welfare program are to be found in explanatory notes which accompany fee schedules and regulations sent to each dentist. Wide variation in interpretation and treatment planning are responsible for most of the regulations and explanations governing program limitations which is defined in the Act as "Dental Services essential to health."

A. E. Chegwin, D.D.S., D.D.P.H.,
Director, Division of Dental Health.

January 17, 1956.

Appendix F.

SASKATCHEWAN DENTAL SERVICE (Post-payment Plan)

The Saskatchewan Dental Association has established (December 1955) a post-payment plan in accordance with C.D.A. recommendations (1954 Transactions—page 115) which may be briefly described as follows:—

1. "This is not a dentists' finance plan"—the dentist gets paid when the patient pays.
2. If after examination and estimate, the patient desires to arrange payments on a monthly basis the assistant (or dentist) requests the patient to complete requested information contained on a numbered form. This information is in respect to earnings, name of bank etc.
3. Attached and detachable from this form is a note form with the same number as on the form. This note form provides for the total amount and the payments on regular monthly dates.

4. On the reverse side of the statement form is a record form to record the payment dates and also space to record the payments as made.
5. A small service charge is made as follows:—
 - Basic charge for service \$1.00
 - For amounts up to \$125.00 an added charge of 30 cents for each payment is made.
 - For amounts over \$125.00 an added charge of 50 cents for each payment is made.
6. A card is given the patient setting forth the dates and amounts of the monthly payments.
7. The dentist forwards the completed patient's statement form and note to the office of the Saskatchewan Dental Services, which office administers the plan.
8. Patients are encouraged to make payments to the dentist (but may send payments directly to Saskatchewan Dental Services) in order to retain dentist-patient relationship.
9. Each time a payment is made to either dentist or the Saskatchewan Dental Services a triplicate receipt is issued — one to the patient, one to service office and one for dentist.
10. Literature explaining the plan is provided for the patient.

Appendix G.

A BRIEF REVIEW OF THE ILWU-PMA WELFARE FUND PILOT DENTAL PROGRAM

A. General Background of the Program:

In early 1954, the International Longshoremen's and Warehousemen's Union indicated in a series of news releases that it was considering using a surplus in its health and welfare fund to finance a pilot dental program for children for the period of one year. Prior to the news release, organized dentistry in California was unaware that such a program was under consideration. In March of 1954, responsible officials of both dental associations and the union met to discuss the possibilities of group dental care. After a comprehensive review, the question of group dental care was referred to the House of Delegates of the California State Dental Association. The question of group dental care was given full discussion by this body and on April 28, 1954, the House of Delegates instructed the Dental Care Committee to confer with any groups that may be considering pre-payment or dental service programs. The first meeting between officials

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of the Welfare Fund and the Dental Care Committee was held on June 11, 1954. The program was placed in operation on October 1, 1954. The termination date is November of 1955. Recent union news releases have indicated that the program is to be extended for another year. Similar plans are in operation in the four large pacific ports—Seattle, Portland, San Francisco Bay Area and the Wellington San Pedro Area.

B. General Structure of the Program:

In the early meetings the trustees of the Fund informed the Dental Care Committee that they had no preference for the mechanism which might be used to provide dental benefits whether it be through contracts with individual dentists, dental service bureaus, dental centers, or commercial insurance carriers. However, eligible members of the union were to have a choice of two programs, or more properly stated, the pilot program was to have two aspects.

One aspect of the pilot program is popularly referred to as an "Insurance Program" or "Open Panel Program." Although "Open Panel" is somewhat descriptive, the term "Insurance" as applied to this aspect is a misnomer. Actually, it is a fee for service limited indemnity program. The entire cost, within a specified limit, is paid by a central organization with beneficiaries having no direct control over the arrangements or expenditures of the program. One element of this aspect can properly be classified as insurance. In addition to the limited indemnity for the restoration of carious teeth, children of eligible members are indemnified to the extent of one hundred and fifty dollars for each accident to the sound natural teeth.

The other aspect of the pilot program is a service type program in which the Fund contracts directly with a group of dentists for certain services. The group is under the administrative authority of one man. The one hundred and fifty dollar indemnity for accident to the sound natural teeth is common to both aspects but an additional element of insurance may be found in the latter aspect. In the service plan, with but few exceptions, complete dental service is offered to eligible members with cost varying greatly from individual to individual.

In northern California, one service plan is in operation with two locations—Oakland and San Francisco.

C. General Administration of the Program:

To provide a mechanism by which organized dentistry could cooperate with groups seeking dental care, the California State Dental Association decided to form a non-profit Dental Service Corporation. The formation of such a corporation requires the membership of at least twenty-five percent of the licensed practitioners in the state. Recent court decisions in California have upheld the legal right of a lay person to operate a non-profit corporation for the practice of dentistry. However, under the

law, such a corporation must be formed for the express purpose of the practice of dentistry. Neither Dental Associations nor their component societies can properly engage in the practice of dentistry.

The "Corporation" was not in existence on the date on which the program started and the administrative responsibility for the program was accepted by the Continental Casualty Company on a trial basis. The company admittedly does not know what can be developed and for the trial period is assuming practically all cost of administration, overhead expense, and taxes in order to gain statistics upon which it can base a program. Although group dental care was a new venture for the Association, the Dental Care Committee was able to furnish the company the following information:—

1. A list of all procedures for children that would constitute adequate dental care.
2. The cost procedure for each age group, based on a median schedule of fees determined from a survey of society members.
3. An estimate of the dental needs of children in each age group.
4. A designation of the age groups that should be included in the pilot program.

The company reimburses the participating dentist upon receipt of an itemized claim. The form upon which the claim is submitted was designed by the Fund and the Dental Association. The design is such that it will supply the Fund with information needed for a statistical review at the end of the pilot year. Only claims from members of the American Dental Association, or those eligible for membership, are honored by the Fund. The Casualty Company is reimbursed by the Fund for the exact amount of the claims, plus two percent for office space and record keeping.

In northern California, the service plan is under the administration of Dr. Richard Naismith.

D. General Operation of the Program:

1. Fiscal

Originally, the plan was to be financed by a surplus in the welfare fund; the total financing for the pacific coast area was not to exceed seven hundred and fifty thousand dollars. This ceiling has since been removed.

Under the first year of indemnification plan the maximum amount the Fund will pay for dental services for each child of an eligible member is seventy-five dollars. Certain types of care are specifically excluded and will be discussed later.

The service plan is reimbursed on a capitation basis augmented by a

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fee schedule. The Fund pays a monthly amount per child. The monthly rate is based on the number of children served by the plan, one rate being stipulated for five hundred children, another rate for a thousand, and so on. In general, the fee schedule of the service plan is slightly lower than that of the indemnification plan.

The exclusion of certain categories of dental care is common to both aspects of the program. As noted before, in the service plan the amount of dental care given in the allowable categories is equivalent to the need.

2. Scope

a. Eligibility

Children under fifteen years of age of eligible members were eligible for enrollment. Children who attain the age of fifteen are automatically dropped from the program. There is at present no provision to enroll children born after the date of sign-up. In the bay area, 3,229 children are enrolled in the program, 1,443 in the indemnification plan, and 1,786 in the service plan. The number of families participating totals 1,483. There are 727 families in the indemnification plan and 756 in the service plan.

b. Service

Three categories of care are excluded. The same exclusions apply to both aspects of the program. They are—

(1) Orthodontia

(2) Purely cosmetic care

(3) Care otherwise provided for under the Welfare Plan. The last exclusion applies to certain types of oral surgery.

3. Mechanism of sign up

Eligible members were informed of the existence of the program by mail. A subsequent mailing gave pertinent details of the program and explained the indemnification and service plan aspects. Included in this mailing were the itemized claim forms upon which the dentist requests payment for services rendered. Those choosing the indemnification plan were instructed to take these forms to the dentist of their choice. They were restricted in their choice to ethical practitioners. Previously, the Association had sent sample claim forms to all members and had alerted them to the start of the program.

Approximately one month was allowed for the sign-up. A member who signed for one aspect of the program was not allowed to change to the other.

**POLICY STATEMENT
ON
HEALTH INSURANCE**

The Canadian Dental Association, after years of careful study, makes the following statement of policy relative to any health insurance plan that includes the provision of dental services which may be introduced.

1. The chief objective of the dental profession is to provide the best possible dental service for the people of Canada.
2. To this end the dental profession will cooperate with authorities in the formulation of plans designed to improve dental health.
3. The principle of contributory health insurance is approved, provided that such plan or plans assure the development of both preventive and treatment services of the highest standard and that fairness to both the recipients of the services and to those rendering the services be assured.
4. The patient must have freedom of choice of dentist and the dentist must be free to choose patients. The personal relationship between patient and practitioner is essential to a successful health service.
5. Adequate training facilities of a high calibre are a necessity in order to supply a sufficient number of qualified graduates.
6. In order to sustain standards of practice provision must be made for post-graduate education at frequent intervals.
7. As an essential part of health service provision must be made in hospitals for dental services.
8. The purpose of licensure to practice dentistry is primarily to protect the public. In the best interest of the patient it necessarily follows that all who desire to practise dentistry should be required to conform to uniformly high standards of preliminary education and the subsequent training must include the basic sciences, technical and clinical subjects.
9. Under a health insurance plan all dental benefits should be made available including preventive, diagnostic and treatment services. Arrangements should be included for specialist and consultative services.
10. Methods of remuneration of dentists and rates of remuneration should be adopted only after agreed upon with representative organizations of the profession. The Canadian Dental Association is of the opinion that remuneration on the basis of fee for service results in a high quality of service.

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Administration:

11. Previous to the introduction of health insurance legislation consultations should be held with the representatives of organized dentistry.
12. The administration of health insurance should be on national, provincial and municipal levels by independent, non-political commissions, representative of those providing and receiving the services. Professional details should be determined by committees representative of the profession.
13. All dental appointees to various bodies established under such legislation should be selected only with the approval of the organizations representing the profession.
14. Dental benefits should be introduced in a gradual manner and after careful planning as stated hereunder.

In the opinion of the Canadian Dental Association the following should obtain in order to secure improved dental health.

Health Education

15. Intensive health education programmes should precede the introduction of, and accompany the rendering of dental treatment service under any plan.
16. Dentists qualified in public health should be employed to direct programmes in dental health education in each area.
17. All departments of health should have active divisions of dental health to implement and where necessary to subsidize preventive measures.

Research

18. Accelerated activity in dental research is essential if the dental health problem is to be brought under control. Success of any treatment services plan will depend upon reduction of dental diseases. Reduction of dental disease depends upon preventive measures developed through research. From the stand-point of both better dental health and economy, provision for expenditures in research should be a part of plans for dental treatment services.

Treatment Services

19. Owing to the almost universal need of dental service and the lack in numbers of available personnel the plan should include initially only the younger age groups.
20. Variation exists from area to area as to number of children and number of practitioners which necessitates planning on an area basis. It would be unwise to institute services which could not be provided.

From the preventive stand-point, complete services for a younger age group is preferable to partial services for a larger group.

21. The growth of the plan should be determined on an annual appraisal basis, dependent upon the dental health of those already in the plan, any increase in the number of practitioners and any increase or decrease in the number of children involved.
22. The actual treatment services should be rendered in the private office of the dentist except where not practical. In the opinion of the Canadian Dental Association the best quality of service will be rendered by the dentist in his practice with individual responsibility.
23. Due to the magnitude of the dental health problem any attempt to provide treatment services beyond the capacity of the profession to render, would not result in improvement of dental health. It is the considered opinion of the Canadian Dental Association that the alleviation of dental disease through the rendering of treatment services for the younger age groups constitutes the only sane approach to the treatment problem.

N.B.—The term “fee for service” is used in contradistinction to other forms of payment, e.g., *salary* (employees of the state) and *per capita*. Fee for service is interpreted broadly to include (a) hourly fee, (b) fee for operation (fee schedule) and (c) grant-in-aid which is a contributory fee paid by state and patient.

April 1956.

COMMENT AND RECOMMENDATION

(A) Meeting, April 6th-7th, 1956

1. Noted.
2. Approved.
3. Agreed.
4. Sincere thanks and appreciation are extended to those Provincial Committees which cooperated with the C.D.A. Committee on this matter. The information submitted by them proved extremely valuable in formulating the revised policy statement.
5. Agreed.
6. & 7 Policy Statement on Health Insurance (Appendix H.)
 - 1-9. Agreed.
 10. Approved by a majority vote of the committee with all members present.
 - 11.23. Agreed.

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8. Dr. Grainger is to be highly commended for his painstaking efforts in presenting such a detailed report and there is every reason to believe that the statistical data appended will prove of great value in all provinces. Moreover, Dr. Grainger's many other contributions to our profession in Canada are appreciated.
9. Here again the work and time of Dr. Grainger and likewise that of Dr. Marshall is appreciated by all.
- 10 & 11. We desire to express our commendation to the College of Dental Surgeons of Saskatchewan and the Saskatchewan Dental Association on the establishment of a satisfactory dental service post-payment plan which in all respects conforms to the principles of the post-payment plans as outlined by the C.D.A.
The Saskatchewan Plan has every evidence of being applicable to other provinces and has resulted in improving the relations between the public and the dental profession.
However, because of the possible restrictive effect of expressing the official approval of the Canadian Dental Association, we are of the opinion that it would be in the best interests of the further development of the plan to withhold official approval, while the plan is in the development stage.
12. & 13. These reports are very informative and will undoubtedly prove of considerable value to other provinces. The efforts of these provincial bodies are appreciated and these Appendices E. and D. are recommended for personal perusal.
14. Informative.
15. The sentiments of the Committee are endorsed.

(B)

We concur.

(C)

We heartily agree.

The Health Insurance Studies Committee has presented a report of great value to our Association and the Committee deserves our highest commendation for its untiring efforts in the past year.

We recommend the adoption of the Report of the Health Insurance Studies Committee.

APPROVED

MEMBERS OF THE HOSPITAL DENTAL SERVICES COMMITTEE: *D. M. Tanner, Chairman, Toronto, Ont.; A. A. Antoni, Toronto, Ont.; G. A. Buchanan, Winnipeg, Man.; R. E. Diprose, Toronto, Ont.; R. W. Marshall, Toronto, Ont.; G. de Montigny, Montreal, P.Q.; S. A. MacGregor, Toronto, Ont.; F. A. Smith, Vancouver, B.C.*

REPORT

1. Articles have been appearing monthly in the Journal in respect to hospital dental services but have caused no favourable or unfavourable comment. It would seem that these articles should become more controversial in order to stimulate interest.
2. The Committee had planned a great deal of work for the year when a series of circumstances arose which moved the members to defer action until the situation was clarified. This series of circumstances is set forth in Appendix A.
3. The Chairman and your President-elect attended in the month of March a five day, "Physician and Dentists' Indoctrination Course" at the Canadian Civil Defence College, Arnprior, Ontario. A description and comments on this course are set forth in Appendix B.
4. The Committee recommends the adoption of Appendix A. and urgently requests the Association to take strong action on a national level to remedy the situation.
5. The Committee recommends the adoption of Appendix B. and further recommends that the Hospital Dental Services Committee study what action may be required by this Association in respect to civil defence and report to the Board of Governors at the next meeting.
6. The Committee recommends the adoption of this report.

Appendix A.

HOSPITAL DENTAL SERVICES SITUATION

1. The greatest crisis in dental health service has arisen by the recent legal interpretation of Provincial Hospital Acts. Governments have instructed hospitals in a number of provinces that as the Hospital Acts do not mention dentists or dentistry, services performed by dentists in hospitals do not conform with Provincial Hospital Acts. Some provincial acts even specify that all treatment, orders, etc., must be the responsibility of a physician. This action has created confusion and frustration, not only among hospital dentists but with hospital administrators and medical advisory boards.
2. The numerous letters received at C.D.A. headquarters from hospital

HOSPITAL DENTAL SERVICES

dentists and particularly hospital superintendents seem to show that there is no difficulty or difference of opinion at the hospital level. Dental services in many hospitals have been organized for many years and adequately serving the public in cooperation with the medical profession. There is evidence from certain parts of the nation indicating that this satisfactory working relationship between the dentist and hospital is being disturbed.

3. Therefore, at the present moment in many provinces, dental procedures in hospitals do not conform with the present Provincial Hospital Acts. A qualified practitioner of dentistry under the Provincial Dental Act may perform certain operations in his office but is denied this privilege within a hospital. This has led to the embarrassment of the dentist and his medical confreres to such an extent that the position of the hospital dentist has become untenable.

4. This committee recommends to the Board of Governors that the strongest action be taken at a national level to ensure the same rights within a hospital that the provincial licensing body grants a dentist to practice in his province.

Appendix B.

PHYSICIANS' & DENTISTS' INDOCTRINATION COURSE

Your President-elect and myself had the privilege to attend the "Physicians' and Dentists' Indoctrination Course," at the Civil Defence College, Arnprior, Ontario, from March 5-9th.

The staff of lecturers knew their subject well and were adequately trained in delivery. More important, they were most sociable, helpful and went out of their way to make our stay enjoyable.

The course consisted of five days, lectures from nine to five with an hour for lunch. The lectures contained the latest data on organization, mass destructor weapons, chemical warfare, biological warfare, radiation and all its hazards, casualty evacuation, medical treatment, psychological warfare and all its problems, local and world wide. The lectures were well illustrated by movies of atomic and hydrogen blasts.

A course on casualty simulation which occurred at the same time, presented a realistic demonstration of an evacuation centre.

The course impressed us dramatically, to the responsibility of everyone, especially trained personnel, during a national emergency. Your representatives recommend that every opportunity be taken to have more dentists take this course.

And as is stated in the report of the hospital dental services committee, that this committee study what action should be taken by this national body in respect to civil defence and report to the Board of Governors next year.

COMMENT AND RESOLUTIONS

1. Noted.
2. We approve Appendix A.
3. Noted.
4. We recommend adoption of Appendix A. and hereby present a resolution:

Whereas, dental health is an integral part of a health service and dentists in hospitals have for many years contributed generously of their time and knowledge to this public welfare, and

Whereas, dentistry is recognized as one of the health professions by our universities, and as Provincial Dental Acts grant certain rights and privileges of practice to members of the profession, and

Whereas, some Provincial Hospital Acts and/or Regulations do not make provision for dentists practicing in hospitals, therefore be it

Resolved, that the Provincial Ministers of Health be respectfully requested that if such conditions exist within their province, to take immediate steps to remedy this situation, if necessary by amending the Hospital Act and/or Regulations to effect the following:

1. The hospital authorities may appoint a dental staff consisting of dentists duly licensed under the provisions of the Provincial Dental Act.
2. A member of the dental staff may admit a patient to the out-patient department of a hospital whenever in his opinion the dental treatment may be more effectively and safely rendered in hospital.
3. A member of the dental staff may admit and discharge a patient to an in-patient service in conjunction with a physician.
4. A physician attending any patient in hospital may request a member of the dental staff to render such dental treatment as may be required.
5. A member of the dental staff who has admitted a patient under section 2 or 3, or who is requested under section 4 to render dental treatment, shall thereupon be entitled to render dental care to the patient in hospital, and within the scope of his qualifications as a dental practitioner shall be entitled to the same rights within the hospital and shall be subject to the same obligations regarding his relationship to the patient, hospital records and procedures, as those which are prescribed in the Hospital Act and/or Regulations with respect to a member of the medical staff.

HOSPITAL DENTAL SERVICES

5. We approve Appendix B. It is noted that a resolution is being presented by the reference committee of the Council on Dental Education relating to Civil Defence, in which this committee concurs.

The Chairman and members of this Committee are to be highly commended for their diligent and untiring efforts.

We recommend the adoption of the report of the Hospital Dental Services Committee, with resolution.

APPROVED

MEMBERS OF HOUSING COMMITTEE: *R. P. Lowery, Chairman, Toronto, Ont.;
H. W. Reid, Toronto, Ont.; G. V. Fisk, Toronto, Ont.*

REPORT

1. Your committee has endeavoured to administer the affairs of your headquarters building in keeping with your expressed and unexpressed wishes. We are pleased to report that at the moment your property is in excellent condition.

2. Since your last meeting repairs and renovations have been resorted to. Some anticipated, such as a complete redecorating programme, some not anticipated, such as a rather complicated plumbing overhaul, centred on the third floor and extending downward to the second. However, as each of you is well aware any building is always presenting problems, and your committee as individuals and as a committee is constantly endeavouring to resolve them as they present themselves.

3. Your committee has no hesitation in stating that your investment is a sound one, and even in its dollar value, has appreciated considerably.

4. Our tenants, the Ontario Dental Association, and the Board of the R.C.D.S. are behaving themselves as model tenants should. When a tenant takes the trouble to comment favorably, on a rental increase, we, I believe, may assume that the landlord, the C.D.A. must be a remarkable institution. We also have had requests for additional accommodation but have had to refuse as the building is now taxed to capacity. May I remind you, *quietly*, that your editor has been provided with priority accommodation, for which mention is not made in your financial statement. Could this be an oversight on the part of the Publications committee? Since your last visit parking space has been provided for at least fifteen cars. Our landscaping department under the capable guidance of Doctors Reid and Gullett is showing signs of recognition by the observant visitor.

5. Finally gentlemen, 234 St. George Street, stands as a lasting and very useful memorial to your far-sightedness.

6. We are most fortunate to have the services of an excellent building superintendent team, namely, Mr. and Mrs. McKinnon. They are personally interested in the care of this, your property.

7. We present our financial statement on page 10 of the auditor's report and budget attached as Appendix A.

Recommendations:

1. That the title 'Housing Committee' be changed to read 'Board of Trustees', with terms of reference unchanged unless necessary.
2. That the debt now carried from year to year by this committee be assumed by the Association and transferred to the general account.

HOUSING

BUDGET HOUSING COMMITTEE 1957

Appendix A.

Receipts

Rentals	\$ 6,660.00
---------------	-------------

Disbursements

Repairs and Maintenance	2,000.00
Payment to Reserve Fund.....	1,000.00
Taxes	800.00
Janitor	800.00
Heat	550.00
Gas and Water.....	425.00
Light	450.00
Insurance	400.00
Audit	60.00
General Expense	100.00

Total	6,585.00
-------------	----------

Surplus	\$ 75.00
---------------	----------

COMMENT, RECOMMENDATIONS AND RESOLUTION

1. It is most gratifying to know that the building is in such a good condition.
2. & 3. Agreed.
4. Noted with interest and we are most appreciative of the work done by the C.D.A. landscapers, Drs. Reid and Gullett.
- 5.-7. Agreed.

We have examined the budget, and find no other comments necessary and wish to congratulate the Housing Committee on its administration.

Recommendations

1. Agreed and we present the following resolution:

Whereas the title Housing Committee is considered outmoded, therefore be it

Resolved that the Executive consider the renaming of this Committee in more appropriate terms.

2. Agreed unanimously.

We recommend the adoption of the Report of the Housing Committee with resolution.

APPROVED

MEMBERS OF LEGISLATION COMMITTEE: *A. A. Cameron, Chairman, Ottawa, Ont.; E. S. Macartney, Ottawa, Ont.; G. W. Barrett, Ottawa, Ont.*

REPORT

1. This Committee appreciates greatly the response and cooperation of the ten Provincial Registrars in submitting information relative to changes in the Dental Acts of their respective Provinces.

2. Newfoundland:

(a) No new legislation was introduced during the past year and none is contemplated in the foreseeable future.

(b) It was felt unwise to bring in a new Act as yet, but felt that the Provincial Government is appreciating more and more the importance of permitting only qualified persons to practise dentistry.

(c) An enabling Act was introduced at the present Session of the Legislature by Premier Smallwood to provide free medical, dental and optical services to all children under the age of sixteen.

3. Nova Scotia:

Amendments to the Dental Act respecting a definition of dental practice, the prescription clause and increasing penalties for illegal practice were introduced at the present Session of the Legislature. This bill, with certain alterations, but retaining the main principles, was assented to on the 11th of April, 1956.

4. New Brunswick:

(a) The New Brunswick Dental Society is not contemplating any legislative changes in the Dental Act this year.

(b) However, the New Brunswick Dental Society is opposing legislation by one or more dental technicians to amend the Dental Act to remove Section 35—

“The statutory authority of the N.B. Dental Society to restrain by injunction anything done in contravention of the Dental Act of 1953” etc.

(c) This move is, of course, being made by dental technicians whom we have been attempting to charge with illegal practice. The proposed legislation was defeated.

5. Prince Edward Island:

The Registrar of this Province reports no changes since annual meeting of May 1955.

LEGISLATION

6. Quebec:

The College of Dental Surgeons of this Province is not contemplating any changes in the Quebec Dental Act for the time being at least.

7. Ontario:

This Province reports no amendments have been made in the Dentistry Act and that none are contemplated.

8. Manitoba:

There is no change or contemplated change since the last meeting of the C.D.A. held in May 1955.

9. Saskatchewan:

No change or contemplated change in the Dental Act of this Province at the present time.

10. Alberta:

This Province reports no changes in the Alberta Dental Association Act during the present Session of the Legislature. The Board has asked for no amendments and there is no intimation that the Government has any under consideration.

11. British Columbia:

(a) There have been no amendments to the Dentistry Act of British Columbia since the last annual meeting of the C.D.A. in May 1955.

(b) At one time it seemed probable that certain amendments to the Dentistry Act of British Columbia might be proposed without the College's approval. However, no legislation respecting dentistry was presented at the last session of the legislature.

12. Federal Parliament at Ottawa:

Two amendments to the Income Tax Act were proposed by the Association. In his Budget address of March 20th, 1956, Honourable Walter

Harris announced:—

- (i) Allowance of legitimate expenses incurred by dentists attending two Dental Conventions per year, one Provincial and the other Canadian—legislation would provide for the deduction of such expenses incurred during the year 1955.
- (ii) A request that self-employed individuals (which would include members of the dental profession) be allowed to deduct from taxable income any payments made to an authorized pension plan. The Government was not prepared to allow this exemption at the present time.

COMMENT AND RESOLUTIONS

1. Noted with appreciation.
2. (a) Noted.
- (b) Whereas the Canadian Dental Association realizes the great need for dental services in the Province of Newfoundland, and
Whereas it is evident that the Government of Newfoundland is aware of the problem of providing such services, and
Whereas the Government of Newfoundland has already taken positive steps in providing bursaries to dental students and financial assistance to dentists in certain areas of the province, therefore be it
Resolved that the Canadian Dental Association in annual session commend the Government of Newfoundland for its efforts and offer the full co-operation of the dental profession of Canada towards attempting to solve this very difficult problem.
- (c) Informative.
3. We commend.
4. (a) Informative.
- (b)&(c) We commend the New Brunswick Dental Association on defeating the proposed legislation.
5. Noted.
6. & 7. Informative.
8. & 9. Noted.
10. & 11. Informative.
12. (i) We commend the Executive of the Canadian Dental Association for their accomplishments.
- (ii) Whereas the Canadian Dental Association is strongly of the opinion that payments on pension plans should be allowed as an income tax deduction, therefore be it
Resolved that the Canadian Dental Association in annual session urge the Government of Canada to authorize that self-employed individuals be allowed to deduct from taxable income any payments made to an authorized pension plan.

We recommend the adoption of the Report of the Committee on Legislation with the foregoing resolutions.

APPROVED

LIBRARY

LIBRARY TRUSTEES: *T. H. Graham, Toronto, Ont.; R. R. McIntyre, Calgary, Alta.; Don W. Gullett, Toronto, Ont.*

REPORT

1. Increasingly the library is serving the profession as a source of knowledge. All newly published books, related to dentistry, have been purchased during the year.
2. The circulation of books among members has increased substantially. It is to be noted that monthly reports show distribution in all provinces regularly.
3. Titles of additions to the library are published monthly in the Journal. It is proposed to publish and circulate a library catalogue this year.
4. Purchases of all books have been made from voluntary gifts to the Library Trust Fund. Receipts are issued which are deductible for income tax purposes. During the year 1955 the Auditor's Statement shows donations to the fund amounting to \$1,150.15.

COMMENT AND RECOMMENDATION

1. No action.
2. Noted.
3. The following resolution has been made:
Whereas a library should facilitate the use of books, and
Whereas, at present books written in French are scattered in the general list, it is proposed
That the books written in French be listed in a special section of the proposed new catalogue.
4. We would once again draw the attention of our members to the worthiness of making donations to the Library Trust Fund.
We commend the Chairman and this Committee for their excellent report and recommend the adoption of the Report on the Library with recommendation.

APPROVED

MEMBERS OF NOMENCLATURE COMMITTEE: *H. A. Hunter, Chairman, Thornhill, Ont.; W. J. Dunn, Toronto, Ont.; G. H. W. Lucas, Toronto, Ont.; G. de Montigny, Montreal, P.Q.; F. E. L. Priestley, Toronto, Ont.; R. J. Getty, Toronto, Ont.*

REPORT

1. During the deliberations of the Committee on Nomenclature its members gave consideration to the report to the Board of Governors last year in respect to the status and functions of the committee.

2. The committee notes, according to its Terms of Reference outlined on page 36 of the Constitution, By-Laws and Terms of Reference, that its function is as follows:

“The duties of this Committee shall be to direct the development of scientific terminology related to dentistry.”

3. The committee is somewhat disturbed by the fate of its recommendations last year, and is in some uncertainty as to what mode of effective direction the constitution envisages. The committee arrives at its recommendations only after careful and thorough discussion, and it would like to be reassured that this is fully understood and appreciated, and full weight is given in each case to its reasons for suggesting a change.

4. Last year the committee attempted itself to define its *modus operandi* in the following terms:—

(1) To clarify certain principles of nomenclature.

(2) To act as consultants on nomenclature.

(3) To be responsible for recommending the systematic naming of objects or conditions, but not to frame these definitions. The latter is the responsibility of the dental profession.

5. It is by no means clear to the committee that these three terms have received any official approval or sanction. If these terms are not acceptable, then the committee desires direction and guidance from the Board.

6. The committee recommends the employment of “*Le Dictionnaire de l’Academie Francaise*” as the source of reference for terms in the French language.

7. The committee has circulated the approved recommendations of the Nomenclature Committee to all dental schools in Canada, the editor of the *Journal of the Canadian Dental Association*, and the Chairman of the Council on Dental Education. (See Appendix A).

**MEMORANDUM
RESPECTING
APPROVED C.D.A. POLICIES ON NOMENCLATURE**

To: Deans of Canadian Dental Schools,
Chairman, Council on Dental Education,
Editor, Journal of the Canadian Dental Association.

The function of the Nomenclature Committee is broadly defined as directing the development of scientific terminology related to dentistry. In accordance with this duty, the committee wishes to bring before all those charged with educational responsibilities, the various committee actions respecting nomenclature which have now become Association policy. Because we believe the primary areas of effort in this respect should be initiated at the various schools and in the Journals, these terms are presented in order to obtain the greatest possible degree of uniformity throughout Canada.

(1) The New Oxford Dictionary is retained as the dictionary source of reference.

(2) Fields of Dental Activity:—

- | | |
|-------------------|--|
| a) Oral Surgery | g) Endodontics |
| b) Periodontics | h) Preventive Dentistry |
| c) Orthodontics | i) Dental Public Health |
| d) Radiodontics | j) Professional Conduct (Ethics
Jurisprudence and Practice
Management) |
| e) Prosthodontics | |
| f) Pædodontics | k) Illegal Practitioner. |

Several copies of this memorandum are being supplied for your convenience in distribution to interested departments under your jurisdiction.

H. A. HUNTER,

Chairman,

C.D.A. Nomenclature Committee.

COMMENT AND RECOMMENDATION

- 1.-5. We approve the clarification of the terms of reference of the Nomenclature Committee, as stated in the three items of paragraph 4, and feel that this clarification of the terms of reference may help the Nomenclature Committee to accomplish a function that is essential to the betterment of our profession.

NOMENCLATURE

6. We recommend that the matter be referred to the Nomenclature Committee for further study.
7. The Nomenclature Committee is to be commended for this dissimulation of information.

We propose the adoption of the Report of the Nomenclature Committee.

APPROVED

ORAL SURGERY SECTION: *W. Scott Hamilton, President, Edmonton, Alta.; J. Passalis, Secretary, Winnipeg, Man.*

REPORT

1. At the present time the society consists of the following membership:—

Honorary	2
Active	25

Of this number, 15 are charter members. It is interesting to note that, as of December 1st, 1955, fourteen of our members are also members of the American Society of Oral Surgeons. During the convention honorary membership will be conferred upon Dr. J. W. Clay of Calgary on the occasion of his fiftieth year in practice and in recognition of his life-long interest in Oral Surgery.

2. The geography of our country presents a problem in the proper functioning of our society. According to the best information we have been able to obtain, there are fifty-one (51) Oral Surgeons in Canada. How many of these meet the requirements for membership in our organization we do not know.

3. Those who paved the way are pleased to see so many young men coming along, who have had the advantage of graduate training in this subject, and after a few years' experience we will have a group which will assure the success of this society. In the meantime we are trying to carry on as best we can. If we are to meet the opposition which is at present being encountered, it is necessary that we not only have a strong organization, but the support of the profession as well. Fifty-one Oral Surgeons in Canada cannot make a very great impression alone.

4. The attendance of oral surgeons at the annual convention of the Canadian Dental Association is going to be small until more time is provided on the programme that they may bring to the profession the latest developments in their field. While our membership is small, we are proud to advise you that we do not intend to cast any financial burden upon the Canadian Dental Association nor are we at present in a position to make a monetary contribution. Our services however, are at your disposal as far as we can possibly extend them.

COMMENT AND RESOLUTION

1. This paragraph should be noted for the information it contains, especially the reference to the honour to be conferred on Dr. J. W. Clay at a special meeting of the Oral Surgery Section.

2.-4. Noted.

We recommend the adoption of the report, together with the following resolution arising therefrom:

“Whereas the Oral Surgery Section has generously offered to place its services at the disposal of the Committee arranging future C.D.A. Convention programs, and

Whereas the present terms of reference respecting the meetings of specialty groups seem indefinite, and

Whereas it is desirable to have topics presented from time to time from the general field of interest of the Sections, but directed toward all in attendance at the general convention.

Therefore, be it resolved that the Board of Governors, or the appropriate committee of the C.D.A. study the matter and clarify the degree, time of, and extent of participation of the specialty sections recognized by the C.D.A., in the scientific program provided at the annual convention.”

APPROVED

ORTHODONTIC SECTION: *L. P. Lepine, President, Montreal, P.Q.; A. Reginald Winn, Vice-President, Montreal, P.Q.; J. T. Crouch, Secretary, Toronto, Ont.*

REPORT

The Orthodontic Section of the C.D.A. had its last annual meeting during the C.D.A. Convention in Toronto last May. There was an important gathering at both business meetings. Here are a few items arising from them:

1. The membership has increased to sixty active and three associate members. All the other orthodontists in Canada have been reached this year by our secretary with the result that already eight applications have been received.

2. The Grieve Memorial lecturer for the Banff Convention will be Dr. Alton W. Moore, head of the Department of Orthodontics at the School of Dentistry, University of Washington in Seattle. He is a man of well-known reputation and a recognized lecturer.

3. The Section, to meet with the desire of the C.D.A. Board, will also present at that meeting the usual table clinics. A group of nine members of the Western Orthodontic Study Club are presenting a group clinic on the Tuesday besides a few individual table clinic presentations by some members of the Eastern part of the country.

4. There will also be a paper presentation, for the orthodontists present, by Dr. Moore on the Saturday afternoon. This procedure has been received previously with great appreciation and we hope it will continue year after year.

5. The Section hopes to be able to present soon a testimonial parchment to the Grieve Memorial lecturers, past, present and future. The lectureship has now been recognized as an honour for the invited speaker and this testimonial would be a tangible souvenir.

6. The Section has selected the C.D.A. Journal as the official medium for the publication of the Grieve Memorial Lecture. Concurrent publication in any other journal will have to be approved by the Section chairman.

7. Beginning this year, the Section will have its roster in the Orthodontic Directory of the World.

8. The U.S. Great Lakes Orthodontic Society meets in Ottawa next Fall and the Section is planning to have another meeting on that occasion. Should it be impossible to hold our annual business meeting in Banff, we shall have it then.

9. We wish to thank the executive committee of the Banff convention for their cooperation in preparing the Section part of the scientific pro-

gram and, also, Dr. Gullett and his staff for the greatly appreciated help.
10. The financial report of the general fund of the Orthodontic Section is attached as Appendix A, and the financial report of the Grieve Memorial Fund as Appendix B.

Appendix A.

FINANCIAL REPORT

Orthodontic Section General Fund

Sept. 21/55 to April 15/56

Receipts

Balance received from Previous Treasurer	\$ 634.98	
Bank Interest to December 1/55	1.05	
Annual Dues 1956 and Application Fees	398.45	1034.48

Expenses

C.D.A. printing and typing	16.45	
Stamps & Stationers	65.55	
Grieve Lecture expenses	50.15	
Telephone	18.35	150.50
Balance in Bank April 15/56		\$ 883.98

Appendix B

FINANCIAL REPORT

Grieve Memorial Fund Report

Sept. 21/55 to April 15/56

Receipts

Received from Previous Treasurer	\$ 226.52	
Bank Interest to October 31, 1955	.37	
Interest on Grieve Memorial Lecture Fund	177.50	404.39

Expenses

Honorarium to Dr. R. R. McIntyre	50.15	50.15
Balance in Bank April 15/56		\$ 354.24

COMMENT

1. We commend the increase in membership.
- 2.-4. Noted.
5. & 6. We commend
- 7.-10. Noted.

We highly commend the work of the officers and members of the Orthodontic Section for their contributions to dentistry.

We recommend the adoption of the report of the Orthodontic Section.

APPROVED

MEMBERS OF THE COMMITTEE ON PUBLICATIONS: *Frank Martin, Chairman, Toronto, Ont.; A. Fortier, Montreal, P.Q.; M. G. Boyes, Toronto, Ont.; A. R. Poag, Hamilton, Ont.; J. D. Purves, Toronto, Ont.; J. E. Tilson, Toronto, Ont.*

REPORT

1. During the past year the affairs of your Journal have run smoothly. This is in no small measure due to the enthusiastic interest and hard work of the Editors, Doctors Wesley Dunn and Gerard de Montigny. To these two men and their associates, we wish to express our sincere appreciation. Then too, the fast-moving factors involving the financial side of journalism have been receiving ever watchful and critical analysis by our business manager. It may be stated here that a great amount of discussion takes place in this connection, but does not appear in the minutes or reports, it being of a confidential nature. To the business manager, Dr. Don Gullett, we wish to say a sincere thanks for being within our budget and showing a surplus.

2. As you will recall last year we had to raise our advertising rates in order to offset increasing publication costs. For the first few months the picture looked grim. This was due to the costs going up as of January 1st. The advertising did not balance this as some contracts were overlapping from the previous year. The increased advertising rates showed up effectually as the year progressed and, as stated before, allowed us a small surplus. (Ref. Appendix A). Appendix A as attached, is copy of financial statement showing revenue and expenditures. Appendix B which is attached, shows a month by month comparative statement for 1954 and 1955. A great variation is apparent from month to month which is due to a variety of causes, i.e. Five full pages of advertising short would mean \$500.00. A variation in number of pages in an issue and also extra number of cuts is a factor. Then too, some expenses may be carried over from one issue to the next. These are some of the variables.

3. Budget - Appendix C.

It is difficult to forecast what our picture will be in 1957 with so many variables to contend with but we believe that the amounts as tabulated, to be an approximate estimate. We are anticipating an increase in advertising. Our business manager, under the suggestion of Dr. Arthur Poag, made a list of advertisers relative to dentistry and the amount of advertising they do in three dental Journals namely the C.D.A., O.H., A.D.A. The press welcomed this analysis and believe it will be a great help. The press is preparing a brochure relative to prospective advertisers, this being done at their expense.

4. Our Editor is a member and officer of the American Association of

Dental Editors. This group meets at the time and place of the A.D.A. meeting and also holds a work shop session sometime during the year. A great deal of benefit is derived from these meetings and your committee recommends that the expenses of the Editor be allowed for these meetings. Appendix D is the Report of the Editor at one of these conference sessions on Journalism.

Appendix A.

THORNE, MULHOLLAND, HOWSON & McPHERSON
Chartered Accountants
Toronto, Canada

January 31, 1956.

Dr. R. R. McIntyre, President,
CANADIAN DENTAL ASSOCIATION,
Toronto, Ontario.

Dear Sir:

We have examined the accounts of the COMMITTEE ON PUBLICATIONS OF THE CANADIAN DENTAL ASSOCIATION for the year ended December 31, 1955 and submit herewith the following statement:

Respectfully submitted,

Thorne, Mulholland, Howson & McPherson
Chartered Accountants

Committee on Publications

BALANCE SHEET

December 31, 1955

-O-

- ASSETS -

Current assets:

Cash on hand and in bank.....	5,602.02
-------------------------------	----------

Capital assets:

Office furniture and fixtures.....	1,247.02	
Less Accumulated allowance for depreciation	677.27	569.75
		\$ 6,171.77

PUBLICATIONS

- LIABILITIES -

Surplus:

Surplus, December 31, 1954.....	5,337.91
Surplus, for year 1955.....	833.86
	\$ 6,171.77

AUDITORS' REPORT

We have examined the accounts of the Committee on Publications of the Canadian Dental Association for the year ended December 31, 1955, and report that in our opinion, the above balance sheet and related statement of revenue and expenditure present fairly the financial position of the Committee as at December 31, 1955 and its financial transactions for the year ended on that date, according to the best of our information and the explanations given us and as shown by the books.

THORNE, MULHOLLAND, HOWSON & McPHERSON
Chartered Accountants

COMMITTEE ON PUBLICATIONS
STATEMENT OF REVENUE AND EXPENDITURE

Year ended December 31, 1955

-O-

- REVENUE -

Advertising	40,765.95
Canadian Dental Association grant.....	14,500.00
Subscriptions	684.91
	\$55,950.86

- EXPENDITURE -

Honoraria to editors.....	3,540.00
Expense allowances	1,853.50
Editor's office expenses.....	1,236.76
Committee meeting expenses.....	62.50
Publishing The Journal.....	32,815.79
Commission, Consolidated Press, Limited.....	8,828.14
Agency commission	5,476.02
Cuts and postage.....	1,093.01

PUBLICATIONS

Depreciation on office furniture and fixtures.....	104.15
Office and general expense.....	107.13
	<u>55,117.00</u>
Surplus for year.....	\$ 833.86
	<u>\$55,950.86</u>

Appendix B

COMPARATIVE STATEMENTS

1954 - 1955

	1954		1955	
	<i>Revenue</i>	<i>Loss</i>	<i>Revenue</i>	<i>Loss</i>
January	3,035.00	790.05	2,975.50	1,093.42
February	3,371.25	382.19	3,520.20	863.10
March	3,579.45	537.45	4,058.00	575.59
April	3,201.50	735.06	3,604.75	697.32
May	3,615.75	569.02	4,171.25	435.43
June	2,551.50	782.15	3,087.00	675.51
July	2,095.85	792.73	2,787.00	764.40
August	2,681.10	560.78	2,851.50	599.78
September	2,878.75	664.68	3,097.00	485.93
October	3,207.50	588.98	3,498.75	315.85
November	3,035.00	953.90	3,964.75	312.08
December	2,839.25	753.33	3,246.50	633.35
TOTALS	<u>\$36,091.90</u>	<u>\$8,110.32</u>	<u>\$40,862.20</u>	<u>\$7,451.76</u>

Note: Advertising rate increase effective January 1955.
 Owing to existing contracts full effect of increased
 rate not apparent until after mid 1955.

Appendix C.

1957

BUDGET

COMMITTEE ON PUBLICATIONS

Canadian Dental Association

	1955	1955	1956	1957
<i>REVENUE</i>	Budget	Actual	Budget	Budget
Advertising	40,000.00	40,765.95	41,500.00	41,500.00
C.D.A. Grants	14,500.00	14,500.00	14,500.00	14,500.00
Subscriptions	450.00	684.91	450.00	620.00
Donations				
Totals	<u>54,950.00</u>	<u>55,950.86</u>	<u>56,450.00</u>	<u>56,620.00</u>

PUBLICATIONS

DISBURSEMENTS

Salaries	3,650.00	3,540.00	4,740.00	3,600.00
Expense Allowance	2,800.00	1,853.50	1,870.00	1,870.00
Editor's Office Expense		1,236.76		1,300.00
Committee Expenses	150.00	62.50	100.00	150.00
Publishing	33,250.00	32,815.79	33,600.00	33,500.00
Commission				
Consolidated Press	7,200.00	8,828.14	8,100.00	8,850.00
Agencies	5,150.00	5,476.02	5,500.00	5,500.00
Cuts & Postage	2,400.00	1,093.01	2,000.00	1,500.00
Office & General Expense	250.00	107.13	250.00	250.00
Totals	54,850.00	55,012.85	56,160.00	56,520.00
Surplus	100.00	938.01	290.00	100.00

Appendix D.

REPORT
ON JOURNALISM CONFERENCE

Your editor was in attendance at the Conference on Dental Journalism—a co-operative project of the Council on Journalism of the A.D.A. and the American Association of Dental Editors—held at Allerton House, Monticello, Illinois, June 12-14, 1955. A brief outline of the programme is presented:

- Sunday, June 12, 1955 — History of Allerton Park.
- Monday, June 13, 1955 — The Scientific Manuscript-Examination, Diagnosis, Prognosis.
- Flagrant Faults and Fallacies.
 - Advertising Assets of State Journals.
 - Treating Ailing Articles.
 - Editorial Office Procedure—(a) National
(b) State
 - Informal discussion of editorial problems.
- Tuesday, June 14, 1955 — Printing and Engraving.
- Preventing Printing Problems.
 - Layout Workshop.

As one may determine from the above this programme was well arranged in respect to the duties and responsibilities of editors. All papers given at the meeting have since been received in mimeographed form and are available for the committee's perusal. As well, many pieces of literature

were distributed which had reference to several aspects of the journalism field.

To your editor, however, even greater than the obvious practical value of the conference, was the intangible stimulation received from a group conscientiously dedicated to the improvement of dental journalism. The reaction may be compared somewhat to one who attends a clinic given by an expert clinician and leaves that presentation with a sincere desire to improve his own knowledge or techniques.

Following the conference we were able to obtain a critical evaluation of our Journal from the lecturer who discussed layout and design. Basically our typography is good. Several of the suggestions offered have already been incorporated, but most alterations will have to be delayed until the new volume in January.

It is my sincere and honest belief that this Conference was well worth the time spent and money expended.

Respectfully submitted,
WESLEY J. DUNN.

COMMENT

1. We appreciate the fine work being done by the Committee on Publications and agree that much of the work of the Committee must, of necessity, be of a confidential nature.
2. Informative.
3. Noted and we consider the brochure for prospective advertisers both important and useful.
4. We concur in this recommendation and we congratulate the Editor in being elected to the executive of the American Association of Dental Editors.

Appendix D. Informative.

We recommend the adoption of the Report of the Committee on Publications.

APPROVED

REPORT OF THE EDITOR — WESLEY J. DUNN

1. The production of a Journal in keeping with the professional stature and attainments of the Association to which it belongs continues to be the editor's prime objective. Dental professional service becomes cumulatively

PUBLICATIONS

effective when it represents the application of increasing experience, maturing reflection and recurrent discovery and invention. Improvement of a worthy dental practice depends on a dentist's ability to grow in professional knowledge and skill. Growth in dental professional knowledge and skill is promoted by the study and tests of current advances in the sciences and arts of oral health service. The Journal affords a medium for recording these advances, and is therefore a most useful agency for the continuing education of dentists.

2. In order to fulfil this function of providing information for continuing education, material must be obtained for publication. The greatest single problem of the Journal, from an editorial standpoint, is the acquisition of a sufficient number of articles to give depth and balance to the publication. There are approximately one-half the number of dentists in the whole of Canada than there are in greater New York. It becomes apparent, therefore, because of the wide dispersion of Canadian dentists and societies that no one individual or no small group of persons can keep sufficiently in touch to elicit enough material for presentation in the Journal. At the risk of being repetitive may we impress upon every member of the Canadian dental profession the very real responsibility which rests upon everyone either to contribute to the literature himself or influence others to make such contributions. Local society meetings are often a source of excellent material but usually only the local practitioners are aware of the presentations. The editor would like to see each Governor and each Committee member an active source of stimulation and procurement for Journal submissions.

3. Great effort has been expended in communicating directly with all dental teaching personnel in the English speaking schools. While it is realized fully the expenditure of time entailed in teaching responsibilities, it nevertheless is true that those engaged in teaching are in the most ideal position for developing original articles. The Journal, if it is going to effect progress and education in Canadian dentistry, must be the recipient of a greater degree of contributory interest.

4. The editor continues to enjoy the co-operation of many individuals. Two new sections have made their appearance and will be included from time to time. The chairman of the Hospital Dental Services Committee and the Committee on Ethics have both been instrumental in initiating articles relative to their spheres of activity. From the content of those articles we know they will make excellent contributions to the literature of the profession.

5. The other departments of the Journal are maintaining themselves very well although perhaps we should re-emphasize to all committee chairmen the value to the membership of the interim committee reports which should appear on a sustained basis. While it is true that complete reports

do appear annually in the Transactions it must be realized that there is a group possessing only peripheral interest who might be more likely to be aware of the deliberations of a particular committee when they can read about them in a less formalized fashion in the Journal.

6. An especial word of appreciation must be directed to the Law Society of Upper Canada. Through the excellent offices of Mr. E. L. R. Williamson, who conducts that very worthwhile department in the Journal entitled Economic Security, several contributions respecting legal matters have been made by prominent Canadian lawyers. This is a fine example of inter-professional relations and the legal profession cannot be thanked too much for its unselfish interest. The demand from lawyers and law students for copies of the Journal in which these articles appear, attest to their value.

7. The editor grasps this opportunity to express his sincere appreciation to the editor of the French section, the Publications Committee, the Associate editors, the Business Manager, Mr. Williamson, and all who have made contributions to Journal pages during the past year.

8. We offer a sincere welcome to Dr. Edward R. Bilkey who accepted an appointment as Associate Editor for the Province of Ontario.

COMMENT

1. Agreed.

2. & 3. We commend the Editor on his efforts to increase the number of articles contributed by Canadian dentists and we urge each member of the Board of Governors, each committee member, and each provincial editor to procure, wherever possible, practical dental articles and news items.

4. & 5. Agreed.

6. Most commendable.

7. & 8. Agreed.

We recommend the adoption of the Report of the Editor.

APPROVED

During discussion of the Report of the Committee on Publications the following motion was passed by the Board of Governors:

MOTION: Anderson - Whyte:

That the Board of Governors in session at Banff go on record as expressing their thanks and appreciation to the Law Society of Upper

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Canada for their contribution to the Journal of the Canadian Dental Association.

APPROVED

REPORT

OF THE FRENCH SECTION—GERARD DE MONTIGNY

1. Once again, the Editor of the French Section of the Journal has the pleasure to present his annual report on the activities of the past year and the intentions for the coming year.
2. A report such as this one, depending on only one individual, can be compared to a self-examination; like in confession, the author looks back at his sins or his failures; he also considers his good deeds and the reasons that prevented him from accomplishing more. He then makes up the balance of his faults and his good actions and submits the whole to the Governors for their absolution, reminding them of his penitence and of his good resolutions.
3. We may start by the sunny side of this self-examination. The French Section has received again this year a splendid contribution of articles from different sources and, at times, it could contribute to the English Section by sending our articles that were written in both languages.
4. The French Section has also published, after translating them, most of the Newsletters forthcoming from the C.D.A. Headquarters and, in so doing, has made known the activities of the Association amongst the French-speaking dentists of Canada.
5. Our relations with the French-written Journals of Europe have been excellent, as in former years and, for the first time in our experience, we had demands for reprints from South America.
6. The French Section has also been of some help to specific organizations, such as the National Convention, provincial meetings, local societies and the University of Montreal.
7. Now, let us describe the other side of the picture. Last year, the French Section's report mentioned the intention of forming a committee to conduct a survey amongst French-speaking members to find ways and means of improving the editorial content of the Section. This has not been done, for many reasons, the most important of which being the lack of time to undertake a survey that would be worthwhile. But the project is still in the mind of the Editor and will be conducted as soon as circumstances permit.
8. Now comes the last stage of this confession—the resolutions. As

mentioned in a presentation given by Theodore Peterson, during the Fourth Conference on Dental Journalism, held at Allerton Park, Illinois, last June, the four major tasks accomplished by an editor when he brings out an issue of a dental Journal are:

- i. attracting the reader's attention
- ii. arousing the reader's interest
- iii. sustaining the reader's interest
- iv. communicating effectively

These four goals are difficult to obtain, but they must be facing constantly an editor. We make ours these purposes and, with more time available, we hope to get nearer to them in the future.

9. The French Section also would like to have more space as soon as conditions permit. Some additional pages would allow publications of more frequent editorials and of new departments of interest to its readers.

10. In closing, may I thank the Chairman and the members of the Committee on Publications, the Editor of the English section and the Business Manager for their fine cooperation throughout the year.

COMMENT

1. Noted.
2. Priceless!
3. We suggest that the editors confer in this matter.
4. An excellent practice.
5. We are glad to note this increased appreciation.
6. Noted with interest.
7. Noted.
8. A most commendable objective.
9. This shall be referred to the Committee on Publications for study.
10. Agreed.

We commend the Chairman and members of the Committee on Publications and the Editors of both sections on their excellent reports.

We recommend the adoption of the report of the Editor of the French Section.

APPROVED

MEMBERS OF PUBLIC RELATIONS COMMITTEE: *H. R. Skilling, Chairman, Toronto, Ont.; J. G. Chalmers, Toronto, Ont.; J. Kreutzer, Toronto, Ont.; C. A. McLean, Toronto, Ont.; Harry S. Thomson, Toronto, Ont.; J. H. Mullett, Toronto, Ont.; J. E. Tilson, Toronto, Ont.*

REPORT

1. (a) The Committee on Public Relations presents a report of activities for 1955-56.

(b) Meetings of the Committee were held at the Canadian Dental Association Headquarters. Sub-committee meetings were held at the home of the chairman and the home of J. G. Chalmers.

(c) There has been no major change in policy from the previous year nor is any change proposed for the coming year.

(d) The Committee is making an effort to influence the dentists of Canada to meet their full responsibilities as professional men and women. It is our belief that we are making progress.

2. ARTICLES ON PUBLIC RELATIONS IN THE CANADIAN DENTAL ASSOCIATION JOURNAL

(a) Articles on various aspects on Public Relations were published in the Canadian Dental Association Journal. The first appeared in the March 1955 issue and in each succeeding issue up to and including August.

(b) 1. Are you practising dentistry

2. Fees—A common cause of friction

3. Competition

4. The Ethical Position of a Dental Nurse

5. The achievements of dentistry

6. Humanism in our Public Relations.

(c) It is difficult to assess how much value could be attached to these articles. A great many man hours were expended in their preparation. We hope they proved useful.

3. PRESS CLIPPINGS

(a) The press clipping service continues to send an increasing number of clippings upon every phase of dentistry.

(b) The number of these clippings is so voluminous that it is impossible to analyse them each month.

(c) Fluoridation probably is responsible for more press reports than any other subject. It is likely, however, that the sincerity of fluoridation advocates stimulates an interest in other matters pertaining to dentistry.

(d) Evidence of this is a column by Mr. J. V. McAree in the Toronto Globe and Mail of April 4th on Tooth Brushing. Five or even two or three years ago it would have been exciting to witness J. V. McAree using his whole column on a subject such as this.

4. "WHY PUBLIC RELATIONS"—Letter on Prosthetic Service

(a) Most of the complaints that reach the Canadian Dental Association Headquarters have to do with prosthetic service.

(b) The Committee felt that some sort of guidance might be offered to dentists.

(c) The Secretary was persuaded to draft a letter pointing out in strong terms that most of the trouble about prosthetic service is caused by a lack of an explicit and clear understanding between the patient and dentist.

(d) The letter also makes a plea for better cooperation by dentists with ethical commercial laboratories.

(e) This letter was received with widespread acclaim from the Dental Profession as well as the laboratory associations.

(f) Fully a dozen requests for permission to use the letter have been received from organizations outside Canada.

(g) Among these was a request to re-print from the American Dental Association.

(h) Laboratory associations both in Canada and the United States have requested copies.

5. PANEL DISCUSSION

(a) Local societies across Canada continue to evince great interest in the question for panel discussion.

(b) The indications are that there is need for these discussions.

(c) The President and Secretary, either together or singly have appeared before twenty-five or thirty local societies to answer and explain these questions.

(d) The organization of Canadian Dental Association has been clarified in the minds of many dentists and much misinformation has been corrected.

PUBLIC RELATIONS

6. PUBLICITY AT ANNUAL MEETING IN TORONTO MAY 1955

- (a) When a meeting is held in one of the larger cities a greater opportunity for publicity is afforded.
- (b) Previous to the meeting all the local papers were contacted as well as the news services.
- (c) News releases were prepared in advance and were available on or before the day of the event.
- (d) A press room was maintained where members of the Board, clinicians, etc., could be interviewed by reporters.
- (e) The Canadian Dental Association and the Ontario Dental Association Committees worked together harmoniously.
- (f) The fluoridation question in Toronto was particularly keen at the time of the meeting. The attention of the public was focused upon the dental profession which made it possible to further other matters of public interest pertaining to dentistry.
- (g) Altogether, we received in the Toronto press, more and better coverage than at any previous meeting anywhere.
- (h) The Committee takes no credit for this. It is further evidence of the improved status of the dental profession in the eyes of the public.

7. RADIO TALKS

- (a) The major project for this year has been the preparation of a series of radio talks on dental health.
- (b) A sub-committee was appointed consisting of Drs. J. G. Chalmers, J. H. Mullett and your chairman to work out subjects, prepare material and choose a narrator.
- (c) After considerable work had been done on this project, it was discovered that the Dental Public Health Committee of the Ontario Dental Association were working on a similar project.
- (d) It was proposed that we get together and pool our views and resources. Dr. Glenn Mitton and Dr. E. A. White represented the Dental Public Health Com., of the Ontario Dental Association.
- (e) It was finally decided to conduct an experiment using a series of six talks of five minutes each on preventive dentistry subjects.
- (f) We selected:
 - 1. An introductory talk
 - 2. The importance of Primary teeth and their effect on the permanent dentition

3. How cavities develop
4. Nutrition and Dental Health
5. Mouth Hygiene
6. Undesirable mouth habits.

(g) These talks were finally completed, embracing the ideas of many dentists familiar with the various phases, and submitted to specialists for criticism or approval.

(h) Controversial material was kept out of all scripts and only those statements were made that are accepted generally by the whole profession.

(i) The talks were recorded and the committee approval obtained.

(j) Arrangements were completed with radio station C.K.F.H. Toronto, to record these talks under their supervision so they would be accepted by any radio station anywhere.

(k) It was agreed also between this committee and the Ontario Dental Association Dental Public Health Committee that the entire series should be broadcast over C.K.F.H. in order to obtain the reaction of the public, which would guide us in further production of similar material.

(l) These were broadcast during the week of Monday, April 9th each day at 11:00 to 11:05 a.m. C.K.F.H. state that at this period of the day there is a larger audience of women. Requests for comments were announced at each broadcast.

8. INFORMATION PACKETS

(a) Material contained in information packets has been requested more often this year than ever. These packets have been called for from every part of the country.

(b) Requests for the film and film strip on Vocational Guidance have exceeded our ability to fill the orders.

(c) The committee reviewed a new film produced by Luxene Incorporated which could be very useful in Vocational Guidance. This film was produced in the United States and contains some statistics and a few phrases which if changed to suit Canadian audiences would be excellent for this purpose.

(d) Negotiations are in progress now with respect to these changes. We hope that it may be made available to us.

9. BUDGET

(a) If the radio talks are to be expanded and the letter series on "Why Public Relations" continues, the committee will need the same amount of money as has been allotted previously.

(b) Therefore, may I request that the sum of Twelve Hundred Dollars

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(\$1200.00) be placed in the budget for the use of the Public Relations Committee.

10. May I express my personal thanks to the Committee members for their whole hearted cooperation, with special emphasis to the Secretary and the sub-committee members who worked so diligently on the radio scripts.

COMMENT, SUGGESTIONS AND RESOLUTIONS

1. (a)(b)(c) Noted.

(d) Commended.

2. The Committee is to be complimented on these excellent presentations. It is suggested that some or all of these articles be reprinted in pamphlet form so that their continuing usefulness will not be lost, particularly to future graduates.

3. Informative.

4. We commend the Committee on their efforts in this area. In view of the constant disregard on the part of the few who fail to observe the finer principles for which the profession stands, we would again bring to the attention of the Committee the resolution of a year ago:

“RESOLUTION

“Arising out of the general discussion of the Report of the Dental Public Health Committee the following resolution was presented:

Whereas it is recognized that the dental profession has a very real responsibility to enunciate those procedures which assist in the prevention of dental diseases, and

Whereas it is important that the profession adopt methods for presentation of this information which are in conformity with ethical and professional consideration, and

Whereas the procedure of the fluoridation of communal water supplies requires the presentation of factual information to authorities, who are responsible for the implementation of this measure, therefore be it

Resolved that in the presentation of information respecting fluoridation or any other preventive measure such presentation should be made on an informative or education level only.

APPROVED”

5. Informative. Arising out of the discussion on this part of the report, we wish to submit the following resolution:
- Whereas the dental problems in our national health picture are constantly changing, and
- Whereas, it is so vital that our membership be informed as to the significance of these changes, not only for their own sake but for that of the public, and
- Whereas the improved methods of bringing information to dental societies, and groups by means of visual aids have proved to be an efficient means of advancing information to the profession, therefore be it
- Resolved that every effort be made to further promote the idea of a greater number of panel presentations as it relates to organized dentistry, and further
- That a study be made of the use of visual aids in setting forth pertinent information that would assist in this project.
6. Informative.
7. This project is worthy of special mention. We suggest that this area be explored fully, and urge that:
- Whereas the public has become more aware of the value of dental health services and is making greater demands upon the personnel providing such services, and
- Whereas we must continue to press strongly for the means to increase the dental student register across Canada, in order that dental health services may be available to take care of the greater demand, and
- Whereas it is highly desirable to attract the best possible students to become members of that register, and
- Whereas radio, press and television are means of reaching the public wherein will be found the necessary support for our endeavours to increase the register, therefore be it
- Resolved that further study be made, and all necessary action taken to acquaint the public through radio, press and television with
- (a) Dental Health
- (b) Dentistry's services and contribution as a health

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profession, referring to the opportunity for service which dentistry provides, and

(c) The necessity for the provision of the means to increase the student register.

8. Informative.

9. (a) Concur.

(b) We recommend that favourable consideration be given the budgetary request.

10. We concur.

The Public Relations Committee is commended for the excellence and the amount of work which they have accomplished.

We recommend the adoption of the Report of the Public Relations Committee, and the foregoing resolutions.

APPROVED

MEMBERS OF RESEARCH COMMITTEE: *Gordon Nikiforuk, Chairman, Toronto, Ont.; M. A. Cox, Toronto, Ont.; Donald Fraser, Toronto, Ont.; J. Kreutzer, Toronto, Ont.; Aaron Posen, Toronto, Ont.; D. B. W. Reid, Toronto, Ont.; H. A. Hunter, Toronto, Ont.; G. David Scott, Toronto, Ont.; J. D. McLean, Halifax, N.S.; A. W. S. Wood, Toronto, Ont.; J. E. Speck, Toronto, Ont.; C. H. M. Williams, Toronto, Ont.; L. Belanger, Ottawa, Ont.; R. H. McDougall, Victoria, B.C.; G. Brass, Edmonton, Alta.*

REPORT

1. General Activities

The increasing activities of the Research Committee of the C.D.A. reflect a growing recognition on the part of the dental profession in Canada that a "laissez faire attitude toward dental research" is incompatible with professional growth. The general activities of this committee during the past year may be summarized as follows:—

- (a) The administration of the C.D.A. studentship programme for training of personnel who wish to prepare themselves for a career in teaching and research.
- (b) The circulation of research findings in Canada through the reprint service.
- (c) Revision of the pamphlet, "Facts on Fluoridation."
- (d) Preparation of statements, based on available scientific data, on the following: chewing gum and dental caries relationship; effectiveness of 'therapeutic' dentifrices; and the relationship of fluorides and periodontal disease.

2. Personnel

The terms of office have expired for the following members: Drs. M. A. Cox; J. D. McLean; H. A. Hunter; A. W. S. Wood; and G. David Scott. The committee gratefully acknowledges the contribution of these members.

3. Studentship Applications

(a) An application was received from Mr. Bruce L. Bowden, from Dalhousie, N.S. in the amount of \$400.00 to assist in a study in the Department of Anatomy, Dalhousie University, under the direction of Dr. J. de L. Saunders. This application was granted.

(b) A studentship was granted to Dr. D. L. Anderson in the amount of \$1,200.00 beginning June 1, 1955, for one year to assist him in a study in the field of Histochemistry under the direction of Dr. W. G. B. Casselman of the Banting Institute.

(c) Dr. A. M. Hunt, University of Toronto, was granted a student-

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ship in the amount of \$2,400.00 while proceeding towards an M. Sc. D. degree. His major field of study is nutrition.

(d) Dr. W. S. Hunter, University of Michigan, was granted a studentship in the amount of \$2,020.00 to permit graduate studies in the field of anthropology.

(e) In deciding upon the eligibility of applicants, the committee placed emphasis on the fact that studentships are intended to foster research in dentistry by assisting suitable candidates to receive training in teaching and research. They are not intended to assist candidates in obtaining a specialist certification in clinical fields.

(f) A complete list of C.D.A. studentships from 1947 to April, 1956 is compiled in Appendix A.

4. Reprint Service

(a) This service is made possible from funds of the Canadian Dental Research Foundation. Reprints of research articles in dentistry in Canada are circulated through the service to most of the dental research centres in the world. Reprints of the following articles were approved during the past year.

- (i) F. Popovich, "Cephalometric Evaluation of Vertical Overbite in Young Adults."
- (ii) R. M. Grainger, "Dental Caries of the First Molars and the Age of Children when first consuming Naturally Fluoridated Water."
- (iii) D. H. Jenkins, "Analysis of Orthodontic Deformity Employing Lateral Cephalostatic Radiography."
- (iv) H. A. Hunter, "A Study of Tissues Treated with Antiformin-Citric Acid."
- (v) Gordon Nikiforuk and J. B. Macdonald, "An Evaluation of Dentifrices in the Prevention of Dental Caries and Gingivitis."
- (vi) J. B. Macdonald, R. M. Sutton, M. L. Knoll, E. M. Madlener and R. M. Grainger, "Pathogenic Components of an Experimental Fusospirochetal Infection."
- (vii) M. M. Mehta, R. M. Grainger and C. H. M. Williams, "Periodontal Disease Among Adults."
- (viii) H. A. Hunter and J. B. Macdonald, "The Effects of Single Infections of Soluble Components of Fusospirochetal Materials in Experimental Animals."

(b) Only articles dealing with original investigations of a basic nature qualify for reprinting under this service.

5. Fluoridation

(a) The publication "Facts on Fluoridation" has been in great de-

mand. The committee has revised the pamphlet and the third edition is now available.

- (b) Relationship of Fluorides to Periodontal Disease: A statement concerning the relationship of fluorides to periodontal disease and gingivitis was prepared upon the request of Dr. W. J. Dunn, the Editor of the Journal of the Canadian Dental Association. The statement, as published, is attached to this report as Appendix B.

6. 'Therapeutic' Dentifrices

An article evaluating the effectiveness of dentifrices in the prevention of dental caries and gingivitis has been prepared by this committee and was published in the Journal of the Canadian Dental Association: 21:557, October, 1955, and 22:609, November, 1955 (See attached list of reprints).

7. Statement on Chewing Gum

Dr. H. K. Brown requested that this committee express an opinion as to the efficacy of chewing gum as a cleansing agent for the teeth and oral tissues. The statement as approved is appended as 'C'.

8. Enquiries

Numerous enquiries have been received from individuals and organizations by this committee in connection with research in Dentistry.

9. A Look at Dental Research in Canada

- (a) A significant feature of dental research in Canada is the basic character of the research projects. Work in the fields of anatomy, bacteriology, biochemistry, histochemistry, biometrics, and physics as they relate to problems in Dentistry is in progress in several laboratories in Canada. During the past year the Associate Committee on Dental Research of the National Research Council received applications amounting to well in excess of their 1955-56 appropriation of \$48,000. The vast majority of these applications were from basic science laboratories. Only two Dental Faculties were represented by these applications.
- (b) Last year's survey of the present status of dental research indicates that research does not constitute an important activity in most of the dental schools in Canada. The committee reiterates the suggestion forwarded last year to the Council on Dental Education: "Every school has from time to time changes in its staff—where a new appointment is to be made, no effort should be spared to 'recruit from the intellectually adventurous' and to urge the prospective appointee to take advantage of the C.D.A. studentship programme in order to prepare for a career of teaching and research. If each school was to take advantage of this programme and send at least one suitable candidate,

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an important nucleus for research in the institution would be assured.” The committee considers that to further knowledge by experimental investigation is an obligation of any institution which considers itself an integral part of the university discipline.

- (c) The Junior and Senior Research Fellowship of the National Research Council are also available for meeting this purpose.

10. Future Plans

- (a) Administer the studentship programme.
- (b) Continue the reprint service.
- (c) Publish a statement on the present status of dental research in Canada based on the findings of the 1955 survey.
- (d) Consider the question of improving outlets for the publication of research articles in the field of dentistry.
- (e) Consider a closer liaison between this committee and other major organizations, such as the Associate Committee on Dental Research of the National Research Council, whose activities are related to research in Dentistry.

11. Financial Statement

- (a) Appendix D contains the financial statement of this committee during the past year.
- (b) The amount for Studentships approved during the past year has been \$6,030.00.
- (c) The committee respectfully requests a total allocation for the coming year of \$5,000.00. The budget askings have been increased for the following reasons:
 - (i) The applications for studentships during the past few years have exceeded the present budget allotment.
 - (ii) It is anticipated that the need for teaching personnel in Canadian Dental Schools with training in research will be even greater than at present.
- (d) Appendix E contains the financial statement for the Canadian Dental Research Foundation for the year ending December 31, 1955.

Appendix A.

C.D.A. RESEARCH COMMITTEE STUDENTSHIPS
1947 to April, 1956

1947	J. B. Macdonald	Bacteriology	\$ 100.00	\$ 100.00
1948	J. B. Macdonald	Bacteriology	1,500.00	

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	J. R. Fletcher	Dental Materials	200.00	
	G. Nikiforuk	Pædodontics and Bio-Chemistry	300.00	2,000.00
1949	Ronald Gendron	Periodontia	270.00	
	J. B. Macdonald	Bacteriology	700.00	
	R. D. Coleman	Oral Medicine	500.00	
	K. J. Paynter	Anatomy	400.00	1,870.00
1950	K. J. Paynter	Anatomy	1,200.00	
	M. J. Gibson	Dental Oral Surgery	1,100.00	
	G. Nikiforuk	Pædodontics and bio-chemistry	200.00	
	R. D. Coleman	Oral Medicine	250.00	
	J. H. A. Senecal	Path. in Clinical Diagnosis in Dentistry	900.00	3,650.00
1951	K. J. Paynter	Anatomy	600.00	
	J. H. A. Senecal	Path. in Clinical Diagnosis in Dentistry	500.00	
	A. A. Antoni	Dental Oral Surgery	600.00	1,700.00
1952	A. A. Antoni	Dental Oral Surgery	600.00	
	A. G. Nutlay	Oral Pathology	500.00	
	J. P. Lussier	Oral Medicine & Experimental Biology	1,200.00	2,300.00
1953-54	J. P. Lassier	As above	300.00	
	Robert Rapp	Pædodontics	2,160.00	
	A. W. S. Wood	Pædodontics	164.73	
	K. J. Paynter	Anatomy	109.41	
	F. Popovich	Child Growth	179.00	2,913.14
1954-55	A. M. Hunt	Nutrition	1,200.00	
	R. C. Burgess	Biochemistry	1,000.00	
	A. E. Hoffman	Oral Surgery	900.00	3,100.00
1955-56	B. L. Bowden	Anatomy	400.00	
	D. L. Anderson	Histochemistry	1,200.00	
	A. M. Hunt	Nutrition	2,400.00	
	W. S. Hunter	Anthropology	2,030.00	6,030.00
			<u>\$23,663.14</u>	

STATEMENT OF THE RESEARCH COMMITTEE, C.D.A.

Re: Fluorides and Periodontal Disease

Studies directed to an examination of the relationship of ingestion of fluorides in water to periodontal and gingival conditions permit the following conclusions:

(1) Persons in an age group of 40-44 years residing since birth in areas where the fluoride content of water was negligible have lost four times as many teeth as persons of the same age group living in areas where the fluoride content in the water supplies is 2.5 p.p.m. (Russell and Elvove, 1951).

(2) There is no significant difference in the prevalence of gingivitis between persons (mean age 57.1) residing in an area which contains 8.0 p.p.m. of fluorides and those (mean age 55.3) living in an area with a fluoride-free water supply (Zimmerman, 1955). The presence of 1 p.p.m. fluoride in drinking water had no effect on the gingivitis of children (age 6 to 14) (Brown et al., 1952).

(3) There is no significant difference in the amount of calculus formation and alveolar bone resorption among residents (mean age 57.1) living in an area containing 8 p.p.m. of fluoride and the residents (mean age 55.3) of an area with fluoride-free water (Zimmerman, 1955). The average length of residence of the two groups in these areas was 37 and 38 years respectively.

(4) A radiographic study of rats on a fluorine-free diet (McClendon and Gershon-Cohen, 1954) revealed extensive periodontal disease in the molar regions and freedom from these defects in rats receiving 10 p.p.m. fluorine in drinking water.

There is no evidence that periodontal disease is more prevalent in areas where the water supply contains fluoride than in fluoride-free areas. Continuing studies can be expected to add further details to the knowledge already available.

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Appendix C.

**THE EFFECTS OF CHEWING GUM ON
DENTAL CARIES AND ORAL HYGIENE
STATEMENT OF THE RESEARCH COMMITTEE
OF THE CANADIAN DENTAL ASSOCIATION**

1. In response to several inquiries, the above committee has reviewed the scientific studies (references appended) dealing with the effects of chewing gum on dental caries and oral hygiene.
2. The paucity of research in this field precludes a conclusive evaluation of the effects of chewing gum on oral health.
3. The committee considers that any decision concerning the beneficial or undesirable effects of gum chewing on oral health must await comprehensive investigations.

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RESEARCH

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RESEARCH COMMITTEE FUND FINANCIAL STATEMENT

Please refer to Auditor's Statement
for year ended December 31st, 1956
The following is a statement covering the
period January 1st to April 15th, 1956

-O-

STATEMENT OF REVENUE AND EXPENDITURES

January 1, 1956 - April 15, 1956

-O-

Revenue

Transfer from Canadian Dental Research		
Foundation - Bond Interest	\$ 150.00	
Canadian Dental Association grant	3,500.00	\$3,650.00

Expenditures

Studentships	\$1,500.00	
Audit	25.00	
Sundry - Exchange	1.76	\$1,526.76

**THE CANADIAN DENTAL RESEARCH FOUNDATION
BALANCE SHEET**

December 31, 1955

-O-

- ASSETS -**Current Account:**

Cash in trust company.....	\$ 2.29	
Accrued interest on bonds.....	177.66	179.95

Capital Account:

Cash in trust company.....	94.47	
Government and government guaranteed bonds, at cost (par value \$17,100.00).....	17,064.50	17,158.97
		<u>\$17,338.92</u>

- LIABILITIES -**Current Account:**

Surplus		179.95
---------------	--	--------

RESEARCH

Capital Account:

Surplus	17,158.97
	<u>\$17,338.92</u>

STATEMENT OF RECEIPTS AND DISBURSEMENTS
CURRENT ACCOUNT

Year ended December 31, 1955

-O-

- RECEIPTS -

Cash in trust company, December 31, 1954.....	42.93
Interest on investments held by trust company	510.50
Bank interest	25.68
	<u>\$ 579.11</u>

- DISBURSEMENTS -

Trust company's fees to December 31, 1955.....	62.74
Postage	.60
Transfers to Dental Research Fund.....	513.48
Cash in trust company, December 31, 1955.....	2.29
	<u>\$ 579.11</u>

COMMENT, RESOLUTION AND SUGGESTION

1. The Research Committee is to be commended for its constructive activities of the past year.
2. Noted with sincere appreciation for their services.
3. Action in respect to applications is noted. We concur with and support the Committee in its policy to encourage candidates to train for teaching and research.
4. The excellent service rendered in the distribution of reprints should be continued on the present basis. The mailing list appears to be adequate.
5. We commend the Committee for their leadership in this matter and urge local dental societies to acquaint their membership with the "Facts on Fluoridation" so that they can interpret them to the public. We recommend the adoption of the resolution entitled "Fluoridation of Communal Water Supplies," attached as Appendix A. to this commentary.

RESEARCH

6. In noting this statement we urge every member of the profession to read the report on "Therapeutic Dentifrices."
7. Noted and we concur. We recommend the statement be published.
8. Noted.
9. (a) We note with satisfaction the increasing participation of basic science laboratories in topics related to dental research.
(b) We concur with the view expressed by the Research Committee & that "experimental investigation is an obligation of the dental schools: and urge the dental schools to make increasing use of the funds provided through the C.D.A. Studentships and N.R.C. Fellowships."
10. The Research Committee is encouraged to pursue the items included in "future plans" with their customary vigor and determination.
11. (a) Noted.
(b) Noted.
(c) We agree and recommend that this very conservative request for increased funds be granted.
(d) Noted.

The Chairman and Committee are to be commended for outstanding leadership in this vital area of professional activity.

We recommend the adoption of the Report of the Research Committee.

APPROVED

Appendix A.

RE FLUORIDATION OF COMMUNAL WATER SUPPLIES

WHEREAS tooth decay by adversely affecting the vast majority of people in Canada, is recognized as one of the most widespread public health problems of our age, and

WHEREAS the fluoridation procedure has received assiduous study under the widest variety of controlled conditions during a period of over thirty-years and

WHEREAS such studies reveal that fluoride in the recommended amount of 1 part of fluoride to each 1,000,000 parts of water is safe from any ill-effect and is dramatically effective in reducing tooth decay by approximately two-thirds, and

RESEARCH

WHEREAS scientific evidence completely substantiates the fact that the benefits which accrue to children extend into adult life, therefore be it

RESOLVED that the Canadian Dental Association do hereby strongly reiterate its recommendation to the Canadian people that communities which have a public water supply, adjust the fluoride content of the water by means of the fluoridation procedure, and for this purpose seek competent dental, medical, and engineering advice.

C.D.A. Meeting Board of Governors,
Banff, Alta., May 30 - June 2, 1956.

APPROVED

MEMBERS OF COMMITTEE ON SPECIALISTS AND SPECIALIZATION: *A. G. Racey, Chairman, Montreal, P.Q.; A. Raymond, Montreal, P.Q.; W. J. Johnston, Montreal, P.Q.*

REPORT

1. As a result of numerous inquiries from across Canada and from the United States regarding regulations for the certification of Specialists in the various provinces, the following questionnaire was sent to each of the Provincial Registrars:

- (1) Does your Provincial Licensing Board recognize Specialists and Specialization?
- (2) If so, which Specialties are recognized?
- (3) Of the Specialties recognized what are the requirements for certification?

2. To the questionnaire the replies from the various provinces were as follows:

(a) BRITISH COLUMBIA:

At present there is no provision made for the registration of Specialists and Specialization. There are several men who are confining their practice to one branch of dentistry. An addition to the Rules, Regulations and By-laws have been compiled to provide for Specialists, similar to that of Ontario but it has not yet been presented to the Lieutenant Governor in Council for approval and therefore may not be in operation for sometime.

(b) ALBERTA:

See Appendix A

(c) SASKATCHEWAN:

No reply

(d) MANITOBA:

No reply

(e) ONTARIO:

See Appendix B

(f) QUEBEC:

See Appendix C

(g) NEW BRUNSWICK:

There are no specific sections in the Dental Act, or by-laws as yet regarding specialists. At present only one dentist is confining his practice to a special field (Orthodontics).

SPECIALISTS AND SPECIALIZATION

(h) NOVA SCOTIA:

No provision has been made in Nova Scotia for the certification of Specialists and Specialization.

There are two men confining their practice to special branches of dentistry namely in Oral Surgery and Orthodontics.

(i) PRINCE EDWARD ISLAND:

No provisions are made in the Prince Edward Island Dental Act for Specialists and Specialization.

(j) NEWFOUNDLAND:

No reply

3. Your Committee trusts that the above information will be of aid to those provinces contemplating the certification of Specialists and Specialization.

Appendix A.

REGULATIONS concerning POST-GRADUATE QUALIFICATIONS IN DENTISTRY in the PROVINCE OF ALBERTA

As enacted by the General Faculty Council of the University of Alberta
May, 1951

The following regulations regarding post-graduate qualification in Dentistry are published under the authority of the Dental Association Act as amended, being Chapter 291 of the Revised Statutes of Alberta. Section 29 of this Act provides as follows:

“29 (1) No person shall advertise or hold himself out to the public as a specialist or as being specially qualified in any particular branch of dentistry or dental work, without having received from the Registrar of the University of Alberta a certificate of having complied with such conditions precedent as to qualifications or fitness as may be prescribed by the General Faculty Council of the said University.

(2) The said conditions may be based either upon the possession of certain diplomas or other professional qualifications, or upon compliance with prescribed tests, by way of examination or otherwise.

(3) Any breach of this section shall be deemed to be unbecoming and improper conduct.

Pursuant to the authority conferred upon the General Faculty Council

SPECIALISTS AND SPECIALIZATION

by the above, the General Faculty Council has enacted the following regulations:

1. Certificates of qualification may be granted in accordance with the conditions set forth hereunder in the following branches of Dentistry:

- Oral Diagnosis
- Oral Surgery
- Orthodontics
- Pedodontics
- Periodontics
- Prosthodontics
- Restorative Dentistry

NOTE: The General Faculty Council of the University of Alberta reserves the right to alter or amend this list from time to time and may revoke or recall any certificate for reasons which the General Faculty Council deems sufficient.

2. The minimum qualifications required of candidates applying for certificates without which an application cannot be considered shall be:

- (a) Five years of general or limited practice in Dentistry after graduation; and
- (b) One academic year of post-graduate training in a School of Dentistry, Dental Clinic, Infirmary or Hospital recognized for that purpose by the General Faculty Council. The candidate may have acted as interne or clinical assistant during the specified period, provided that the whole time shall have been devoted to this special training. Further, a candidate shall pass such examinations as the General Faculty Council may prescribe.
- (c) Notwithstanding anything contained in these regulations the General Faculty Council of the University of Alberta reserves the right to exercise discretionary powers in the granting, withholding or revoking of certificates of post-graduate qualification in Dentistry.

3. (a) There shall be a special committee to be known as the Committee on Post-Graduate Qualification in Dentistry consisting of the following: the Dean of the Faculty of Dentistry (Chairman); the heads of the Departments of Operative Dentistry, Prosthetic Dentistry, Oral Surgery, and Periodontia; the Professor of General Pathology; the Senior Instructor in Orthodontics; the Registrar of the Alberta Dental Association, and such other members of the Alberta Dental Association as may be appointed from time to time by the General Faculty Council.

(b) Such committee shall consider all applications for certificates and make its recommendations to the General Faculty Council.

SPECIALISTS AND SPECIALIZATION

(c) Application shall be made on a prescribed form accompanied by credentials and sent to the Registrar of the University of Alberta for consideration by the General Faculty Council. The Committee will, by reference to the Registrar of the Alberta Dental Association, satisfying itself that the applicant

- i. is a graduate of a dental school recognized by the General Faculty Council of the University of Alberta;
- ii. is a member in good standing of the Alberta Dental Association; and
- iii. has been engaged in the practice of dentistry in Alberta for at least one year prior to consideration of his application by the Committee.

Appendix B.

ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO

Office of the Registrar - Secretary
234 St. George St. - Toronto 5

RULES AND REGULATIONS for the CERTIFICATION OF SPECIALISTS

- I. A member of the College who prior to June 1st, 1944, has confined his practice to a specialty and has been recognized by the Board of the Royal College of Dental Surgeons as so doing, upon satisfying the Board as to qualifications, good character and ethical conduct, and upon the payment of a registration fee of \$25.00, shall upon application be granted a certificate qualifying him to practise as a specialist.
- II. New candidates for certification as a specialist must show evidence of each of the following:
 1. Membership in the Royal College of Dental Surgeons of Ontario.
 2. Completion of one of the following:
 - (a) Three years in the practice of dentistry.
 - (b) Three years of service in an approved dental clinic on a part-time basis of not less than 20 hours a week.
 - (c) Two years of full-time service in an approved dental clinic.
 - (d) Forty-eight consecutive weeks' indentureship with a regularly qualified specialist approved by the Board.
 - (e) Two school years as demonstrator or clinician in a dental school recognized by the Board.

SPECIALISTS AND SPECIALIZATION

(f) Other experience considered by the Board to be of equal value.

3. Completion of a post-graduate course in the specialty designated in any dental school or institution *approved by the Board* consisting of a minimum of thirty-two consecutive months of instruction in the specialty of Oral Surgery and a minimum of two consecutive periods of eight months each in the specialties of Orthodontics, Pædodontics and Periodontics, or the equivalent of such courses.
4. Of having passed written and clinical examinations upon the subjects appertaining to the special branch of dentistry designated as may be determined by the Board, and having paid an examination fee of \$50.00.
5. Good character and satisfactory behaviour in the previous practice of dentistry.

III. All applications to practice any specialty shall be made upon a form as provided by the Board.

IV. The following special branches of dental practice are recognized by the Board:

Orthodontics

Periodontics

Oral Surgery

Pædodontics

The certificate holder in the said specialties shall be known only as an Orthodontist, Periodontist, Pædodontist, Oral Surgeon, as the case may be.

- V. Upon satisfactory completion of all requirements and upon payment by the applicant of a registration fee of \$25.00, the Board may issue a specialist's certificate to the applicant to practise the branch of dentistry designated.
- VI. The said certification shall be renewed each year at the time when the annual fee of the College is due and every recipient of the annual certificate of such certification, shall pay the College One Dollar (\$1.00) in order to defray the cost of issuing the same.
- VII. The Board may require periodic proof of the qualifications of a specialist.
- VIII. The giving or receiving of commissions or splitting of fees shall be deemed to be unprofessional conduct.

SPECIALISTS AND SPECIALIZATION

- IX. The annual register shall contain a separate list of the names of the recognized specialists, indicating under which specialty each is recognized.

20th December 1954

Appendix C.

COLLEGE OF DENTAL SURGEONS OF PROVINCE OF QUEBEC

BY-LAWS CONCERNING SPECIALTIES

In accordance with the Quebec Dental Act and the By-Laws of the College of Dental Surgeons of the Province of Quebec, the Provincial Board of Dental Surgery should pass the following regulation, bearing the number 39, in relation to specialists and specialties:

Only the following specialties are recognized as such: 1) oral surgery, 2) orthodontics, 3) prosthodontics.

DEFINITION OF EACH OF THE SPECIALTIES

Oral Surgery

The branch of dental practice that deals with the diagnosis, treatment, prescribing for or operating upon any disease, injury, malformation or deficiency of the human jaws or associated structures.

Orthodontics

The branch of dental practice that deals with the prevention and correction of malocclusions.

Prosthodontics

The branch of dental practice that deals with the partial or complete replacement of one or more of the oral structures or the correction and concealment of facial deformities by means of artificial appliances.

BY-LAWS

Any member of the College who wishes to be recognized as a specialist will have to fulfill the following requirements:

1. Be a Canadian citizen;
2. Be a member in good standing of the College of Dental Surgeons of the Province of Quebec;
3. Show evidence of good character and morals;
4. Submit written application to the Registrar's office with evidence of having fulfilled the requirements listed below for the particular specialty.

REQUIREMENTS PARTICULAR TO EACH SPECIALTY

Oral Surgery

- a) Full time post-graduate study in an organized course in oral surgery in a recognized dental faculty for at least one academic year, in addition to two years full time internship in a recognized hospital;
- b) Two years in limited practice of oral surgery.

Orthodontics

- a) Full time post-graduate study in an organized course in orthodontics in a recognized dental faculty for at least sixteen consecutive months or two consecutive academic years;
- b) Three years in limited practice of orthodontics.

Prosthodontics

- a) Full time post-graduate study in an organized course in prosthodontics in a recognized dental faculty for at least one year;
- b) Three years of limited practice of prosthodontics.

All the above mentioned requirements have to be fulfilled to the satisfaction of the Board. Any candidate, recognized as a specialist and wishing to advertise himself as such, must conform to paragraph L of by-law 36 as well to by-law 38 of the College already in force.

A committee of two members for each of the recognized specialities will be formed to advise the Board regarding the observance of regulations and the issuing of certificates.

A certificate signed by the President and Registrar of the College will be issued for each specialty.

The Board will have the right at anytime to revoke a certificate of specialization for any reason it considers valid.

A fee of ten dollars will be charged for issuing the certificate.

COMMENT AND RESOLUTIONS

This report was considered in its entirety, rather than section by section. The report contained considerable information, on the practice of dentistry, as it applies to Specialists & Specialization in the different provinces. As a result of our deliberations we wish to present the following resolution:

Whereas legislation for certification as a specialist in one of the

SPECIALISTS AND SPECIALIZATION

branches of dentistry has been enacted in at least three of the provinces, and

Whereas the designated branches of dentistry warranting certification differ in all three provinces, and

Whereas it is our considered opinion that the number of specialties be kept to a reasonable limit and that consideration for uniformity is important, therefore be it

Resolved that the C.D.A. Committee on Specialists & Specialization consider the above and review the previous action taken in this respect by the Board of Governors in regard to specialization and formulate policy and principles to achieve uniformity.

We recommend the adoption of the Report of the Committee on Specialists & Specialization with foregoing resolution.

APPROVED

MEMBERS OF WAR MEMORIAL AWARD COMMITTEE: *Roger Charette, Chairman, Montreal, P.Q.; A. M. Hord, Toronto, Ont.; Howard Boyles, Montreal, P.Q.; O. Hebert, Montreal, P.Q.; R. S. Edmison, Montreal, P.Q.*

REPORT

Following is the annual report of the War Memorial Award Committee for the year 1955-56.

1. Entries were received from all the Canadian Universities with the exception of Dalhousie.
2. The judges are Drs. Gerard de Montigny, P. J. Gitnick and Mervyn A. Rogers, to whom the committee wish to express their most sincere thanks.
3. The winners this year are:
1st—Melvyn Schwarzben—McGill University
2nd—Sydney R. Kirson—University of Toronto.
4. The subject for the 1956-57 competition has been accepted by the executive of the C.D.A. at the February meeting and will be:
“A Survey of recent developments in caries control.”
5. This title has been announced to the Deans of the Dental Faculties of all the Canadian Universities and copies of regulations sent to them by the secretary's office, for distribution to their senior students.
6. The Committee has no suggestions to make for alteration of the conditions of the competition.
7. The budgetary allotment to this Committee is considered sufficient.

COMMENT AND RECOMMENDATION

1. We regret there were no entries from Dalhousie University.
2. We re-emphasize thanks to the three judges. They do a tedious and difficult piece of work without any remuneration.
3. Congratulations to the winners.
4. Information. We recommend that the War Memorial Award Committee be instructed to submit four subjects for consideration at the annual meeting of the Board of Governors next year.
5. Once again, as was done last year, it should be stressed to the Deans the importance of following the regulations and submitting papers within the wording limits as set in these regulations.
6. & 7. Agreed.

We recommend the adoption of the report of the War Memorial Award Committee with recommendation.

APPROVED

RESOLUTION
from
ROYAL COLLEGE OF DENTAL SURGEONS OF ONTARIO
Passed Friday, May 25, 1956

“Whereas increased knowledge is essential to progress as it relates to a health profession, and

Whereas the Board of the Royal College of Dental Surgeons of Ontario acknowledging the benefits derived from post-graduate study in rendering a better service to the public and desiring that more members of the profession participate in post-graduate instruction, but realizing the sacrifice in loss of time from office with continued overhead costs, and cost attendant to their instruction for which no concessions are made to income deductions, therefore be it

Resolved that the Canadian Dental Association make continued effort re tax deduction as it relates to post-graduate studies.”

After due consideration the Board of Governors passed the following motion:

MOTION: Winn - Keenan:

That the Board of Governors of the Canadian Dental Association approve the resolution adopted unanimously and recommended by the Board of the Royal College of Dental Surgeons of Ontario.

APPROVED

**MEMORANDUM
TO
CANADIAN DENTAL ASSOCIATION**

The history of the Royal Canadian Dental Corps will soon be ready for publication.

As funds for publication must be arranged privately may consideration be given to a money loan from the funds of the Canadian Dental Association.

The cost of publication will be in the vicinity of \$3,500.00 to \$4,000.00.

It is anticipated that the sale of books will regain the cost of publication, at which time the loan will be repaid.

D.G.D.S.

**REPORT
ON MEMORANDUM TO C.D.A.**

After full discussion and careful consideration of all the aspects of this presentation we find ourselves in the position that without more detailed and specific figures of cost and without any intimate knowledge of what the proposed publication contains, we cannot do other than recommend that the Executive give further study to this unusual request.

APPROVED

ELECTIONS

MEMBERS OF NOMINATING COMMITTEE: G. M. Dewis, Chairman, Halifax, N.S.; C. M. Purcell, Pembroke, Ont.; A. G. Racey, Montreal, P.Q.; Ex-officio: K. M. Johnson, Winnipeg, Man.

REPORT

1. As in the past the work of the Committee has been carried out mostly by correspondence. Our appreciation is extended to committee chairmen for their cooperation and assistance.
2. During the past year two committee members passed away: Dr. J. F. Brown, a member of the Health Insurance Studies Committee; and Dr. D. P. Mowry, member of the Council on Dental Education. Your Committee was requested to recommend replacements for these vacancies and Dr. A. M. Lowey of Saskatchewan was appointed to the former committee and Dr. Scott Hamilton appointed to complete the unexpired term for the latter (1956).
3. The Committee, after meeting here at the Banff Springs Hotel takes the liberty of placing in nomination the following:

Officers

- | | |
|-----------------------------|-----------------|
| 4. President | —K. M. Johnson |
| 5. President-elect | —A. G. Racey |
| 6. Immediate Past President | —R. R. McIntyre |

Committees

- | | | |
|-------------------------|--|------|
| 7. Executive Committee | K. M. Johnson, President Chairman | |
| | A. G. Racey, President-elect | |
| | R. R. McIntyre, Immediate Past President | |
| | G. M. Dewis | |
| | C. L. Strachan | |
| | Co-opt Members: | |
| | J. P. Whyte | |
| | P. G. Anderson | |
| 8. Committee on By-laws | —J. S. Bagnall | N.S. |
| | Chairman | |
| | S. A. Moore | Ont. |
| | G. L. Cameron | Ont. |
| | H. M. Cline | B.C. |

ELECTIONS

9.	<i>Convention Committee</i>	—J. Rumberg Chairman	Man.	
10.	<i>Finance Committee</i>	—S. J. Phillips Chairman	Ont.	
11.	<i>Council on Dental Education</i>	—R. G. Ellis Chairman	Ont.	1957
		Harvey W. Reid	Ont.	1957
		Wm. Miller	B.C.	1959
		J. D. McLean	N.S.	1958
		James McCutcheon	Que.	1959
		Armand Fortier	Que.	1958
12.	<i>Dental Public Health Committee</i>	—A. Poyntz Chairman	B.C.	
		Alex. Gunning	B.C.	
		Wm. McPhail	B.C.	
		W. A. MacDonald	B.C.	
		J. Mercer	B.C.	
		Ex-officio Members:		
		Chairmen of Provincial Dental Public Health Committees.		
13.	<i>Committee on Ethics</i>	—J. D. McLean Chairman	N.S.	
		J. P. McGuigan	N.S.	
		S. K. Wetmore	N.B.	
		H. S. Crosby	N.S.	
		H. N. B. Beach	Ont.	
14.	<i>Legislation Committee</i>	—E. S. Macartney Chairman	Ont.	1957
		George W. Barrett	Ont.	1958
		Roy L. Currie	Ont.	1959
15.	<i>Necrology Committee</i>	—Don W. Gullett Chairman and Provincial Registrars	Ont.	
16.	<i>Committee on Publications</i>	—Frank Martin Chairman	Ont.	
		Arthur Poag	Ont.	
		Mark Boyes	Ont.	
		J. D. Purves	Ont.	
		A. Fortier	Que.	
		J. E. Tilson	Ont.	

ELECTIONS

- | | | |
|--|--|--|
| 17. <i>Health Insurance Studies Committee</i> | —Harvey W. Reid
Chariman
C. A. E. McCabe
T. R. Marshall
L. V. Janes
W. R. Scott
A. M. Lowey
R. Langlois | Ont.

Que.
Ont.
Ont.
B.C.
Sask.
Que. |
| | Also Chairmen Provincial Health Insurance Studies Committees. | |
| 18. <i>Hospital Dental Services Committee</i> | —D. M. Tanner
Chairman
F. A. Smith
G. A. Buchanan
G. de Montigny
A. A. Antoni
J. Sherman
J. Methven
R. E. Diprose | Ont.

B.C.
Man.
Que.
Ont.
Ont.
Ont.
Ont. |
| 19. <i>Housing Committee</i> | —R. P. Lowery
Chairman
H. W. Reid
G. V. Fisk | Ont.

Ont.
Ont. |
| 20. <i>Nomenclature Committee</i> | —H. A. Hunter
Chairman
W. J. Dunn
G. H. W. Lucas
F. E. L. Priestley
R. J. Getty
G. de Montigny | Ont.

Ont.
Ont.
Ont.
Ont.
Que. |
| 21. <i>Public Relations Committee</i> | —H. R. Skilling
Chairman
Chas. McLean
J. Kreutzer
J. G. Chalmers
J. H. Mullett
E. R. Bilkey
Co-opt Members:
E. Rollaston
R. R. Butler | Ont.

Ont.
Ont.
Ont.
Ont.
Ont.

Ont.
Ont. |
| 22. <i>Committee on Specialists and Specialization</i> | —A. G. Racey
Chairman | Que. |

ELECTIONS

	A. Raymond	Que.	
	W. J. Johnston	Que.	
23. <i>War Memorial Award Committee</i>	—Roger Charette Chairman	Que.	
	A. M. Hord	Ont.	
	Howard Boyles	Que.	
	O. Hebert	Que.	
	Ralph Edmison	Que.	
24. <i>Research Committee</i>	—G. Nikiforuk Chairman	Ont.	1958
	Donald Fraser	Ont.	1958
	J. Kreutzer	Ont.	1958
	Aaron Posen	Ont.	1958
	D. B. W. Reid	Ont.	1958
	C. H. M. Williams	Ont.	1957
	J. E. Speck	Ont.	1957
	L. Belanger	Que.	1957
	R. H. McDougall	B.C.	1957
	G. Brass	Alta.	1957
	G. D. Scott	Ont.	1959
	J. P. Lussier	Que.	1959
	F. Compton	Ont.	1959
	C. Reynolds	Ont.	1959
	J. B. Macdonald	Ont.	1959
25. <i>Auxiliary Services Committee</i>	—R. A. Rooney Chairman	Alta.	
	H. R. MacLean	Alta.	
	A. M. Revell	Alta.	
	Also Chairmen of all Provincial Legislation Committees		
26. <i>Honorary Membership</i>	—John W. Clay, Calgary, Alta.		

APPROVED

Following the adoption of the Report of the Nominating Committee, and as Dr. Racey had been elected President-elect which automatically made him *ex-officio* member according to the Terms of Reference for the Nominating Committee, it was necessary for the Board of Governors to elect two members to the Nominating Committee for the ensuing two and three year terms. As a result the Nominating Committee for the year 1956-57 is as follows:

Nominating Committee	—C. M. Purcell, Chairman, Ont.	1957
	J. P. Whyte, Saskatchewan	1958
	A. J. Coughlan, New Brunswick	1959
	A. G. Racey, Quebec, Ex-officio	

APPROVED

RESOLUTIONS

MEMBERS OF RESOLUTIONS COMMITTEE: *Dr. C. L. Strachan, Chairman, London, Ont.; Dr. Wm. Miller, Vancouver, B.C.*

REPORT

Your Special Resolutions Committee begs leave to present the following resolutions for your consideration.

1. Mr. C. C. McCartney, Manager, Banff Springs Hotel.

The Board of Governors of the Canadian Dental Association in session at the Banff Springs Hotel wish to express their sincere thanks to you for making it possible for us to meet and conduct our sessions under pleasant and picturesque surroundings.

2. Reverend John Lowery, Hardisty, Alberta.

The Board of Governors of the Canadian Dental Association wish to express to you their deep appreciation for your inspiring remarks and Invocation at our Opening Session on Wednesday May 30th, 1956.

3. Reverend George A. S. Hollywood, Banff, Alberta.

The Board of Governors of the Canadian Dental Association wish to express to you their deep appreciation for your delivery of the Invocation at our Luncheon on Monday June 4th, 1956.

4. Honourable Russell A. Patrick, Minister of Economic Affairs, Government of Alberta, Edmonton.

The Board of Governors of the Canadian Dental Association wish to express to you, and through you to your Government, their sincere thanks for your financial assistance to, and participation in, our luncheon on Tuesday June 5th, 1956.

5. Honourable Gordon E. Taylor, Minister of Highways and Telephones, Government of Alberta, Edmonton.

The Board of Governors of the Canadian Dental Association wish to express to you their sincere thanks and appreciation for being our Guest Speaker at our Luncheon on Tuesday June 5th, 1956.

6. Press—Mr. Graham Nichols, C.P.R. Publications Officer, Banff Springs Hotel, Mr. E. C. MacPherson, C.P.R. Public Relations Officer, Vancouver, B.C., Mr. Gordon Kloess, Photographer, Dept. of Public Relations, Banff Springs Hotel.

The Board of Governors of the Canadian Dental Association wish to express to you their sincere thanks and appreciation for your valuable publicity of their meeting and convention held in the Banff Springs Hotel.

7. Ladies Convention Committee

The Board of Governors of the Canadian Dental Association wish to convey to you their sincere thanks and appreciation for all the courtesies extended to the ladies during the sessions of the Board.

8. Staff—Banff Springs Hotel

The officers and members of the Canadian Dental Association offer their sincere thanks and appreciation to the Staff for its many courtesies and efficient service given us on the occasion of the Board of Governors meeting and Convention of the Canadian Dental Association.

9. Convention Committee

The Board of Governors of the Canadian Dental Association wish to express to this Committee their appreciation and thanks for their efforts in producing a program of outstanding interest to the profession.

10. Departments of National Defence, Veterans Affairs, and National Health and Welfare.

The Board of Governors of the Canadian Dental Association wish to express their sincere thanks to the Departments of National Defence, Veterans Affairs, and National Health and Welfare for their cooperation during the past year.

APPROVED

ANNUAL ASSOCIATION MEETING

ANNUAL ASSOCIATION MEETING of the CANADIAN DENTAL ASSOCIATION

The Annual Session of the Canadian Dental Association was held in the Banff Springs Hotel, Banff, Alberta, commencing at 12.15 p.m., on Monday, June 4th, 1956, with the President, Dr. R. R. McIntyre, of Calgary, Alberta, presiding.

PRESIDENT MCINTYRE. We will ask the Reverend George Hollywood to open our Luncheon.

INVOCATION

REVEREND GEORGE A. S. HOLLYWOOD: Mr. President, Honoured Guests and Ladies and Gentlemen: It is a privilege indeed to be asked to open this Convention with prayer. If there were no problems in the world then there would be no hopes, so I think at the outset of this conference here that it is important for each one of us to revise our attitude with regard to the problems which we are faced with in this world. There are very few of us today in the position of the self-made man who worships his Creator. Most of us carry over the impression from childhood that God is the Creator of this world. Another impression carried over, but not so well, is that God's world is a good world, and a fallacy also carried over is that the creation was finished absolutely many hundreds of years ago.

I think that in the problems which face us in the world today, whether they are professional problems or otherwise, if we are to be faithful to our calling we have to see ourselves in our own job in life as people who are called upon to work together with God in the finishing of His Creation. We have to accept our profession as a calling to work together with Him to complete His Creation.

Having left you with this thought, I would ask you to rise while I say our prayer:

Almighty God, whose Blessed Son went about doing good and healing all manner of sickness, continue, we beseech Thee, this, His gracious work, among us. Make each one of us mindful of our calling to perfect Thy Creation. Guide and direct all those who are called upon to lead in this Convention and bless all who shall partake.

Bless this food to our use and us in Thy service, and make us mindful of the needs of others. For Jesus' sake. Amen.

PRESIDENT MCINTYRE: Ladies and Gentlemen, it affords me considerable pleasure now to announce those who are seated at the head table and

as I announce them will they please stand, and would you in the audience please refrain from any applause until the whole table is introduced.

(The head table was then introduced)

WAR MEMORIAL ESSAY AWARDS

PRESIDENT MCINTYRE: Ladies and Gentlemen, I have the pleasure today of announcing the winners of the War Memorial Award. First, Dr. Melvyn Schwartzben, of McGill University, and the Second Award to Sydney R. Kirson, of the University of Toronto.

It is with considerable pleasure that I introduce to you now Mr. B. I. M. Strong, Superintendent of Banff National Park.

(Applause)

ADDRESS BY SUPERINTENDENT OF BANFF NATIONAL PARK

MR. B. I. M. STRONG: Mr. President, Honoured Guests, Ladies and Gentlemen attending this Joint Meeting of the Canadian Dental Association and the Alberta Dental Association: First of all, I want to thank you very much for the honour and privilege of being present at this opening luncheon of your organizations today.

Now, seeing that this gathering is representative of the Dominion of Canada, with, I understand, also some honoured guests from our neighbours to the South, I thought it might be appropriate for me to make a few remarks about our Canadian National Parks, and actually I should have said *your* Canadian National Parks, because they are yours. It is surprising when we meet people from across Canada, actually how little is known of our parks system. People are aware of the national parks in their immediate vicinity but when we broaden out there isn't too much known of them.

Our Canadian parks, of course, are administered by the Dominion Government. The chain at the present time consists of seventeen parks, extending from the Atlantic Coast across Canada to the Province of British Columbia. The parks are administered by the Department of Northern Affairs and the Department of National Resources. Our Minister is the Honourable Jean Lesage.

I should say a little about Banff itself—not because I happen to be the Superintendent, but Banff, first of all, is the first in the chain of national parks that was established in Canada. That was in 1885. At that time the Canadian Pacific Railway was being put through to the Pacific Coast. The Canadian Pacific engineers discovered the Mineral Hot Springs that are on Sulphur Mountain just behind us. The Government at that time made the decision that these Hot Springs would be retained for the public, and they would not permit them to go to private enterprise to be exploited. Therefore, the first National Park came into being.

ANNUAL ASSOCIATION MEETING

The thinking of the powers at that time, as far as National Parks were concerned, was not very broad because they merely set aside an area of ten square miles which is the original Banff National Park. That area has changed several times up until today and we now have an area of approximately 2,564 square miles.

Now, it gives me a great deal of pleasure to welcome you to Banff and to Banff National Park. I am sure that your schedules have been arranged so you are going to have time for some pleasure rather than all work. And, in conclusion, I am sure that you will all profit from the deliberations of your meetings.

(Applause)

PRESIDENT MCINTYRE: Thank you, Mr. Strong. It has been pleasant to have you deliver this message to those attending, and I think you should have taken over some credit, Sir, for the fine weather that you have presented.

Now, it affords me considerable pleasure, Ladies and Gentlemen, at this time to present to you a dentist of outstanding merit—Dr. Harry Lyons, President-elect of the American Dental Association. I point out to you that we are extremely fortunate today in having him. Dr. Lyons is a man of outstanding educational talents and he is an administrator on a national basis as dentistry is practised in the United States. He has made many contributions to the literature of the land from which he comes. Without further taking up your time and that of Dr. Lyons', I will ask Dr. Lyons to speak to you now.

(Applause)

ADDRESS BY REPRESENTATIVE OF AMERICAN DENTAL ASSOCIATION

DR. HARRY LYONS, American Dental Association: Mr. President, Distinguished Friends: This is a privileged occasion for me—one that affords me high honour and great personal pleasure.

I bring to you the official greetings of the American Dental Association and to these I would add my own personal greetings and those of the Dental Faculty of the Medical College of Virginia, in Richmond, Virginia, the school which I have the responsibility of serving as Dean.

I do not mean to aggrandize myself by indicating to you that I am a dental school Dean. I think you should know the difference between a Canadian dental school dean and a dental school dean in the United States. All of you, I am sure, are aware of the fact that the five Canadian dental school deans now, and those of history, are people of great distinction and unique talents. In the United States, on the other hand, when an individual ceases to be useful as a practitioner, a teacher, or a researcher, they kick

him upstairs and make a Dean out of him. And those of you who have visited dental schools in the United States were probably impressed with the fact that the office of the Dean was usually on the top floor of the building where he will be as harmless as possible.

In my school we recently constructed a new building and the best I could do for my office was to get it on the next to the top floor and that is quite a distinction in my country.

I am impressed by many things at this Convention. I am impressed with the meticulous care exercised by your Committee in arranging all the details of this meeting. I am impressed with Mr. Strong's ability to supply this type of weather. I am impressed with the terrifically high quality of your programme. It is so high that even the Americans on it cannot reduce the quality.

I am particularly impressed by the beauty and the charm and the social graces of the ladies here. I have appeared before hundreds of mixed audiences and I do not recall a single audience that could boast of ladies as beautiful as these here. (Applause)

In the States we are taught that oil and water do not mix, but apparently in Canada dentistry and oil mix very well.

And lastly, I am impressed by another very heart-warming observation, at least for me. That is that the men in Canada are every bit as homely as they are in the United States.

I wouldn't have said that had it not been for the assurance given me through our own State Department that the Royal Canadian Mounted Police will assure me safe passage home.

Now, my Friends, while this is my first visit with the Canadian Dental Association, I treasure the fact that many of your members are friends of long standing. The American Dental Association, which I now represent, and I, personally, have profited greatly by virtue of these friendships and the contributions so many of your members have made to us. Furthermore, in the American Association of Dental Schools, those who teach in the United States, are wiser because of the membership participation in the American Association of Dental Schools of your Canadian Dental Faculties and as evidence of that appreciation and the esteem which we in the States hold for your dental teachers, the American Association of Dental Schools recently elected a Canadian Dean, Dr. Roy Ellis, as President-elect. Now, that election has greater than usual significance in view of the fact that Canadians are greatly outnumbered in the American Association of Dental Schools, and also in light of the insatiable appetite that United States citizens have for holding high office.

Candor and appreciation led me to comment further on Canadian contributions to the United States in the realm of dental education. As an example, my own school boasts of two Canadians on our full time dental

ANNUAL ASSOCIATION MEETING

faculty. One, a graduate of Dalhousie, is Professor and Chairman of our Department of Operative Dentistry, and the other, from McGill, serves as Associate Professor, and my deputy in directing our clinical and didactic instructions in Oral Diagnosis. Our basic science and medical faculties include many Canadians whom we repeatedly accuse of diluting our Southern atmosphere with too much Canadian culture. However, on appropriate occasions, such as this one, we always acknowledge our everlasting indebtedness to them. As a matter of fact, we are so impressed with Canadian dental educators that we have invited a Canadian dental dean to visit our school for the second time in two years for one of our special alumni functions. You may be interested to know that we study your dental literature with great interest and benefit, and I should like to pay my compliment to the Journal of the Canadian Dental Association. It merits the highest commendation. I should like also to commend the Officers and the members of your Board of Governors on their contributions to world dentistry. I am sure that they, and particularly your esteemed Secretary, Don Gullett, are without superiors in world dentistry. (Applause)

I think you should know that the American Dental Association is very niggardly in granting Honorary Memberships. In ninety-seven years it has only recognized fourteen people. In ninety-seven years there are only fourteen people with honorary membership, and Don Gullett is the ninth on that list. (Applause) I might also indicate to you that we stand ready to offer him citizenship in the United States. There is a mild threat inferred there.

Now, my Friends, the problems of dental education, dental research and dental practice in Canada and the United States are most assuredly identical and joined by common bonds of similar objectives. It may, therefore, be appropriate for me to express certain hopes and ambitions for our professional activities on both sides of our border.

Our professions in Canada and the United States enjoy, we must bear in mind, monopolies. That is a significant statement, if I ever made one. Since a monopoly carries responsibility as well as privileges, it behooves us as a health service profession, to be acutely sensitive to our basic moral obligation. That is to make adequate dental care available to our entire population within their ability to pay. And then for those unable to pay our profession has the social responsibility, at least, to develop plans by which dental care may be made available to the needy and the worthy.

Now, while these plans may require outside support, they should nevertheless be inspired, developed, operated and controlled by our profession. Failing this, we may lose many important features of our monopoly of dental practice. Monopolies are granted by the people through their governments and what they give they may take away or modify. We should never lose sight of that in connection with our responsibility, as well as our privileges.

In the further discharge of our professional responsibility we must promote research with greater vigour, much great vigour, in an effort to discover the causes of and preventive measures for the dental diseases. Probably only by additional discovery and invention will we ever be able to bring good dental health to everyone and thereby fully meet our responsibilities, inherent in our monopoly. In the United States, probably sparked by the anti-caries value of fluoridation, we are now witnessing aroused interest in dental research on the part of our federal government, and many private agencies and we must press this interest to its full limit.

Those of us in practice, on both sides of the border, must make the fruits of research available to the public at the earliest possible time. I should like to refer to public water fluoridation as an example. Disheartening as it is to contend with opposition to fluoridation from the uninformed, the misguided and prejudiced, we should nevertheless promote the implementation of this and other newly discovered health measures with the utmost vigour. In the United States the most frequently used device of the opponents to water fluoridation is the political community referendum. I should like to comment a moment on that. Where town councils have the basic responsibility of ordering the water supplies to be fluoridated, the political cowards among them fall easy prey to pressure for a referendum. We must be alert to point out that a community referendum does not establish scientific fact. In this and other instances it cannot prove the merits or the demerits of a proposed health measure. It can only show the weight of prejudiced opinion for or against the proposal under consideration and this has varied from one neighbouring community to another. The scientific facts do not. They are established by confirmed research findings and not by the political ballot. You and I must preach this message throughout the length and breadth of our two lands.

Now since the well-springs for dental research and practice are our dental schools, and please forgive me for referring to dental education again—you know every preacher has only one sermon so I have only one speech—since the well-springs for dental research and practice are our dental schools we must come to grips immediately with the many problems facing and hindering dental education in the United States and in Canada. They are all rooted in a basic problem, namely, limited finances. The solution of this basic problem will at one and the same time solve the others. No other approach is feasible. In this connection a pointed question might be posed, and I have been posing this question for several years now over a wide territory in the United States and the pointed question I should like to ask you is: Who should pay the costs of dental education? The most logical answer that comes to mind is: Those who profit by it. Now, ultimately, the public profits by virtue of dental education and should pay—it pays for it as far as it goes, but they should pay for it, and they do by fees for services, paid directly to you, and by gifts and subsidies to schools through taxation. However, at an earlier point dentists profit first by dental

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education and should at least pay the full cost of their education. This is not done by a payment of tuition fees which currently covers only a small part of the cost of educating a dentist. It is, therefore, not unreasonable, in my humble opinion, to suggest that dentists, and the same hold true for other professional groups, pay the difference between the cost of their education and the tuition fees that they pay, and they pay this difference in the course of their prosperous practice experiences, over a lifetime.

We, who profess to be a profession, profess that we give more than we receive and that we leave our calling a richer profession than when we entered it. Surely, then, we must in time certainly pay our own educational cost. By the successful promotion of this understanding dental schools would be enabled to meet their special challenge which is an inherent part of the responsibility related to our monopoly, again, and it is as much your responsibility as practitioners as it is mine as a teacher. The greater stature of our dental schools would reflect itself in increased public esteem for dentistry and dentists, and you would profit more than you would give. We can ill afford to delay the pursuit of this goal if we are to enjoy continued public esteem and preserve our private practice monopoly.

Now, lastly, trite as it may be, and I know this is a hackneyed war expression, we in the United States and you in Canada must join hands across the border and weld our professional strength and our ambitions in a common bond to the end that in Canada and in the United States our profession may grow ever more useful to those whom we serve.

Lastly, may I thank you most sincerely and most genuinely for your warm hospitality and the cordial reception that you have given me.

(Applause)

PRESIDENT MCINTYRE: Ladies and Gentlemen, in my time in dental affairs in Canada, which has been the only place I have practised, I can honestly say I have never heard a better or more inspiring address. I thank you, Dr. Lyons, for your presentation.

PRESIDENT'S ADDRESS

PRESIDENT MCINTYRE: It is necessary, according to the Constitution of the Canadian Dental Association, that your President of the year shall make an address to the Association.

Let me first thank the dentists of Canada for the honour of being your President during the past year. I would express particular appreciation to the Province of Alberta where I have had the good fortune to practice and live since 1935, and especially to the dentists of the Calgary and District Dental Society for their splendid effort toward making this meeting such a success as it has been to date, and I am sure it will follow throughout the rest of the two days that we will be there.

Professional Public Relations

Today I would like to present a phase of dentistry that is somewhat difficult to define, yet vitally important to the future welfare of our profession. I propose to speak about ethics and with ethics is coupled a somewhat recently formed designation called "Public Relations"—hence the title of this address, "Professional Public Relations".

My first observation is,—Does any profession now occupy the position or esteem that it did in the past? Many will recall that a few decades ago, there were relatively few professional people in a community, and these were generally held in high esteem. It is not so apparent today. Perhaps this is but a trend in our rapidly developing economic and social progress.

Daily we see in the press, the words "Public Relations" and we associate these words with industry and commerce. In the last World War, the various services developed what was known as "service personnel"—this was "Public Relations" in action.

As we ponder over these words most of us have a different concept of their meaning, and many consider them far removed from professional activity. The purpose of these remarks is to re-direct your thoughts, and assess our present position. If found unfavourable, an early start should be made towards correction.

Sir Francis Bacon, who, as you all know lived many years ago, wrote these words: "I hold every man a debtor to his profession." Every man is a debtor to the world; to his parents; to his schoolmasters; to his friends; to his employer and to his patients. To them he owes his existence; his knowledge; his happiness and his daily bread. To his profession he has another debt—that due to generations past, whose integrity and skill has given his calling the knowledge and reputation it now enjoys—to them he owes his status as a worker and a thinker. "Profession" carries a wider meaning now, than it did once, and "Professional Status", in common talk, is extended to many functions in industry and commerce, but it is not won lightly; a long record of public responsibility and private service must come first. How can such a debt be repaid? ONLY by increasing and maintaining the standards, which were those of yesterday.

May I suggest that "Professional Groups" frequently mis-interpret "Public Relations". Is not public relations predicated on the attitude of a profession to the public. We at least owe a responsibility to the state that grants us a licence, which never forget, is a special privilege, but we particularly owe a responsibility to those who entrust themselves to our care and accredited professional skill. If we fail here, can we complain if some of our privileges are circumscribed or removed by public opinion?

We are concerned about the dental profession, which is frequently referred to as making rapid progress. But is this progress not referring to new techniques, better equipment, and perhaps improved financial return? These improvements are materialistic, but nonetheless desirable. May I ask

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are these the only factors that should be considered? What about the attitude of the dentist toward those whom he serves? To whom do the younger men in the profession look to for guidance and leadership? Changes in all professions are not only desirable but imperative. If these matters are of importance, should not all organizations in dentistry have them under constant consideration?

In the commercial and industrial fields, they resort to the various media of advertising, and the employment of public relations personnel, as indicated by the advertisement of the tin-smith who states: "It is impossible to become a 'sheet-meal-worker' overnight. It took us years to gain our measure of experience in our trade. You cannot build a reputation for expert, honest workmanship, overnight. The long list of satisfied people we have served, shows that those we serve in the future 'WILL BE SATISFIED'."

Another manufacturer says "Like his fortune a man's integrity grows in direct proportion to his devotion to his work. You need never preach honesty to a man who loves his job. Such a man throws all the energies of his body, and all the sensitivity of his soul into achieving a product of value. Invariably, an unspoken instinct takes care of his honour. Such a worker will not adulterate his product, nor slight his responsibilities, not because of what others may say, but because of his own pride and self esteem. And just as this resoluteness creates honest work, so also does it permeate the man's entire life, governing all he says and does".

It is NOT suggested that dental schools are negligent in the initial instruction of professional conduct, but what agency have we to develop this basic training within our profession? Commercial and industrial organizations supply to many of their senior executive, "Advisors" in "Public Relations". The health professions appear to be resting on their former status of high ethical standards. Is this adequate? Recent surveys indicate an unfavourable trend.

How has this come about, and why is the dental profession not held in higher esteem? Our service being of a personal nature, patients form an opinion of us personally, and perhaps unknowingly assess our skill, surroundings, and appraise the fee for services rendered. Several of these patients will have separate and individual opinions, but they do form "group opinions", which added to other "groups" will form the "aggregate opinion" of our profession, on a local, provincial or national level. It is therefore logical that the more honestly and faithfully an individual service is rendered, the more favourably our profession will stand in "Public Esteem".

Now what is "Esteem"? It is generally meant: "Looking up to"—and is best earned by a service, character and deed. "Esteem" is objective, and rises in other lives, and is directed to or away from us. The "Esteem" in which a dentist is held is founded on the manner, value, and sincerity

of the service rendered. This could be called public relations, within a profession. Public relations has been described as a new science, or phenomenon of the 20th century. For me to try and describe a phenomenon, would but carry us into further confusion.

You will see from the foregoing, how important a part each of us plays in the performing of our daily tasks, and the developing of public opinion, or esteem.

From the time we entered the profession, our duty has been to serve honestly, teach, and impart knowledge toward the prevention of disease. As a profession we should ever keep in mind the difference between a business and a profession. A business is established essentially by a motive of profit, whereas in a career in dentistry, the primary objective is "SERVICE". In a business we have the evident exchange of values. In a profession we deal with intangibles. A dental student gives tangible dollars for intangible knowledge. Yet some of the best service rendered is the imparting of that knowledge to patients—the remainder is applying both skill and knowledge to any service rendered. Therefore the more a service rests on honesty and integrity of the server, the greater is the opportunity to rise in "Public Esteem". The public may justifiably expect this high standard from any professional group.

The highest aim of human endeavour, is the dedication of one's life to the service of mankind.

(Applause)

Ladies and Gentlemen, this has been a very pleasant year for me. In many respects I have had a fortunate time in travelling with Dr. Gullett from one part of the land to the other.

PRESENTATION OF HONORARY MEMBERSHIP

PRESIDENT MCINTYRE: It is particularly pleasant for me today to have the honour of making the presentation of an Honorary Life Membership to the gentleman who stands on my left—Dr. John W. Clay of Calgary.

(Applause)

I am sure that many of you, if not all of you, know Dr. Clay. He was born in Yorkshire, England. Many of you do not know that. He came to Canada at an early age and attended various collegiates. Following that he attended the University of Pennsylvania, from which he first graduated in dentistry, and very shortly after that he graduated from the University of Toronto.

For a little time he practised in London, Ontario, then knowing the hopefulness of the West he came quite some time ago to Calgary, and has been with us, fortunately for Dentistry in Alberta, ever since.

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He has been Registrar-Secretary of the Alberta Dental Association. He was President of the Canadian Dental Association some years ago. He has been also President of the Western Canada Dental Association. At present he holds the position of Honorary Lecturer of the University of Alberta. He is a member of the Holy Cross Hospital in Calgary. He is a Fellow of the International College of Dentists and during the last year has been President of that group in Canada.

During 1950 the University of Alberta saw fit to award to Dr. Clay, or confer on him, I should say, the Honorary Degree of Doctor of Laws.

I assure you, Ladies and Gentlemen this is one of the finest things that has happened to me during my year as President of this Association. This, you may not understand, is the highest honour that Canadian Dentistry can award. I assure you it is with the greatest pleasure that I now confer on Dr. Clay Honorary Life Membership in the Canadian Dental Association.

(Applause)

DR. JOHN CLAY: Ladies and Gentlemen, Distinguished Guests: I thank you from the bottom of my heart. In receiving this great honour I am particularly pleased because of three things. One, that it comes to me in the Province of Alberta, where I have lived so many years.

The second, that it is given to me by a very great friend, Dr. McIntyre, as President of the Canadian Dental Association.

And I should also like to say that I appreciate sitting on this occasion beside Dr. Harry Garvin who has been if I may make one personal remark, among my many friends one of the friends I have looked up to during these many years as the first among this group of many men whom I am pleased and happy that I can feel are my friends.

If I may have a moment or two, Dr. McIntyre, I should like to say a word about the progress of dentistry. Many years ago, as a very young man, I graduated. At that time I must say that I felt that probably I knew about all there was to be known about dentistry. I practised for a few years and I woke up suddenly to the fact that the train of progress was going by and I was in great danger of being left standing at a way station.

I tried to the best of my ability to remedy that situation. At that time dentistry had a pretty good basis of physiology and anatomy and various basic sciences. The practice of dentistry was to a great extent imperfect. There were some men like Dr. G. V. Black, of long ago, who set down certain principles which we still know to be right, and we revere him because he set some very fine work before us which today is the basis of work that dentists are doing throughout the world. That, Sir, is a tribute to a very great and early American dentist.

Time went on, and during my practice it is a fact that the basic conceptions were changed by study and research and many of them completely altered. It is a fact that the methods of practice and the techniques

of dentists also changed and on the basis of scientific development, on the basis of research, and the work of men in the dental schools and many others indeed changed the practice of dentistry.

Today, we are graduating dentists, young men, many of them here today, and all throughout Canada, coming from what I think are very fine schools, and we should help them all we can—that is, the schools.

Now, I suppose those men, being a lot smarter than I was when I graduated, realize that dentistry is a moving train of progress and I don't think they will be caught as I was in my first few years, being left behind. I think I may venture to say that in thirty or forty years from now when these men have had the long experience of practice which I have had, I think that they will find that dentistry has moved on to another plane and that they have had to keep going to dental conventions, and think and study, and go back when they can to men who are teaching in the schools, so that they will not be left behind as I so nearly had been.

Now, I can only express to you that I am tremendously impressed and very humble at this great honour which is being given to me. I suppose that I shall remember this and I know I will, as a great moment of my life. I look on it as a presentation from the Officers of this Canadian Dental Association. I look on it also, if I may say so, Sir, as a presentation which I hope and believe is something which comes from my friends in the dental profession. With humility, I thank you for this great honour.

(Applause)

INSTALLATION OF NEW PRESIDENT

PRESIDENT McINTYRE: Ladies and Gentlemen, Dr. Garvin, of Winnipeg has been appointed the Installing Officer and will now take over his official duties.

DR. M. H. GARVIN: Mr. Chairman, Distinguished Guests, Ladies and Gentlemen: It is not only an honour but an unusual pleasure for me to install the new President of the Canadian Dental Association.

In 1948 a man who had previously been a partner of mine for a number of years, a man who is internationally known for his research in the field of denture prosthetics, Dr. Howard Merkeley, was made President of the C.D.A., and now a man who has been a partner of mine since graduation in 1913—forty-three years ago—just a stone's throw away from half a century, is about to assume the high office of President of our Association, Dr. Kenneth M. Johnson.

Dr. Johnson was born in Strathroy, Ontario. His mother's ancestor's were United Empire Loyalists. His father was a distinguished educationalist.

He was graduated from the University of Toronto in 1913, when the popular slogan was "Go West, Young Man, Go West", so he came west

ANNUAL ASSOCIATION MEETING

at a time when this old world was beginning to smoke around the edges and World War I erupted almost before he could get his bearings. However, he came directly to our office following graduation and had time to get his bearings before going overseas in the World War.

After hostilities were over he returned to our group where honesty, thoroughness, faithfulness and dependability have characterized his efforts through many years of testing. His professional life has been a continuous record of loyalty and integrity and he has preserved a perfect consistency with himself and an unswerving and unselfish fidelity to his convictions. If time has set any mark upon him it has preserved in all its freshness the youth of his soul.

During the years Dr. Johnson has been President of the Western Canada Dental Society, the Manitoba Dental Board, and the Winnipeg Dental Society. He is a fellow of the International College of Dentists and at this time is President of Section 2 of this Organization, comprising Canada, the West Indies, Bermuda, the Bahamas and the Barbados.

Dr. Johnson, I have but imperfectly expressed the thoughts to which I have not been able to deny utterance on such an occasion as this.

Knowing you as I do, I know that under your leadership the Canadian Dental Association will continue to develop a great spirit, a spirit which will always be kept pure because you will look to the right fountains for renewed strength. Discouragements may come when the only thing that will save you will be your enthusiasm for your work, a love for it, and dependence on the One who reigns above. Under your leadership, I am sure that our Association has great days ahead of it, great days of accomplishment, great development of the ideals of our noble profession.

And so I say:

Go forth to conquer,

Go forth as a worthy successor to those Past Presidents who have worked for a better future for our Association—a worthy ambition which ripens as it rolls. When we make the most of what we do, we make the most of what we are.

What remains but to wish you a long and continued life, crowded with health, with happiness and with honour.

Live on Ken, till you hear your children's children rise up and call you blessed.

Live on for the sake of your friends and associates for whom life would lose much of its lustre in losing you as a companion and friend.

Live on for your own sake that you may enjoy the better day.

Live on for the sake of the Canadian Dental Association.

Dr. Johnson, I now install you as President of the Canadian Dental Association for the coming year.

. . . Jewel of office place on Dr. Johnson by Dr. Gullett.

Members of the Canadian Dental Association, I now present to you the new President of our Association—Dr. Kenneth M. Johnson, of Winnipeg.

(Applause)

PRESIDENT ELECT JOHNSON: Mr. President, Dr. Garvin, Distinguished Guests, Ladies and Gentlemen: In accepting the high honour which you have conferred upon me I realize that it involves great responsibility—responsibility which can be met only with your constant co-operation and support.

It is in knowing that I will receive these that makes acceptance possible. It is no easy thing, Ladies and Gentlemen, to succeed a man of Dr. Reyburn McIntyre's splendid capabilities and accomplishments, or indeed the line of great men who have preceded him in this office, of which you, Mr. Installing Officer, are one, and in which you hold such an honoured position.

I would have you know, Harry, that I am proud that you, have been my preceptor, my associate in practice, and my friend for over forty years, who perhaps better than anyone else knows my faults and failings and have been too kind to mention some of them, I say I am proud that you are making this installation, in this Association which I know ranks first in your professional affiliations.

Perhaps the one who is most worried about my entering upon these duties and perhaps not without reason, is my wife, whom I would like you all to meet. Will you please stand, (Applause)
You may call her "Marie"—you know I do.

One of the happy rewards, of being active in the Association is the number of friends I have made from every part of Canada and I take this opportunity to invite every one here to come to Winnipeg next June when we meet along with the Western Canada Dental Society, of which Dr. Warren J. Riley is President and is among you. I want you all to come and be with us at that time.

And, Mr. President, when that meeting is held and I am recounting my year as you have done your's, my sincere hope is that I will be able to give nearly as good an account of my stewardship as you have done.
(Applause)

So, Mr. Installing Officer, realizing as I do that in reality it is Manitoba, the Province which I have the honour to represent that is being recognized, I am proud and honoured to accept the office of President of this Association. (Applause)

PRESENTATION TO DR. McINTYRE

Dr. M. H. Garvin: Ladies and Gentlemen, I have another happy duty to perform for it is now my pleasure to present the Canadian Dental Asso-

ANNUAL ASSOCIATION MEETING

ciation's Past President's Jewel to Dr. Reyburn R. McIntyre, of Calgary. I have been commissioned to photograph, develop and finish the Past President of the Canadian Dental Association in five minutes!

You, Dr. McIntyre, have been our leader during the past year. You have sacrificed much for the good of our beloved profession and you have inspired all of us to try to reach the pinnacle of achievement in the field of dental public health, dental public relations and the general welfare of the dental profession. We thank God for showing us again that human love, faith, fidelity and sacrificial service—like day and night, seed time and harvest—shall never, never fail.

Your intellectual excellence, noble character, lofty ideals, honest service, conscientious labour, public spirit and a loyalty which fosters only what is worthy of an enlightened profession, marks you as a great citizen and a great dentist, so today I would blend your name with those great leaders of dentistry whose glorious service to dentistry has been so well established, whose memories are a benediction.

You have handed down to a grateful profession the richest legacy which man can leave to man, the memory of a good man, the inheritance of a great example. We know that such men as you fight the campaigns of the future over and over in their thoughts while all the world is at peace around them—the roads they plan are broad and straight for the march of other feet, the sword they forge lies ready for another hand, the spirit forged still lives to lead.

Happy is the man who makes clear his title deeds to the royalty of genius while he yet lives to enjoy the gratitude of those whom he has served. You, Dr. McIntyre, have made abundantly clear your title to the royalty of genius. Your office has been worthily administered.

Today we would do you honour for your great contribution to Canadian Dentistry while occupying the position as President of our Association. So long as we have men like you to lead us, Dentistry will not fail, because through weakness we invited it, or through indifference we permitted it.

It is now my pleasure to present to you the Canadian Dental Association's Past President's Jewel, and I am sure you will continue to serve and inspire us in the years to come.

. . . Past President's Jewel presented to Dr. McIntyre . . .

It is also my pleasure, Dr. McIntyre to present to you, on behalf of the Canadian Dental Association, this remembrance in recognition of your great service to Canadian Dentistry during the past year, and in this remembrance I would include your charming wife who we know has been a full partner with you in all your many activities. May this ever prove a reminder of the esteem in which you are both held by a grateful profession.

. . . Silver Tray presented to Dr. McIntyre . . .

Now if Mrs. McIntyre would please stand for a moment, I would like

ANNUAL ASSOCIATION MEETING

to present the Canadian Dental Association's special remembrance to a lovely lady. (Applause)

. . . Bouquet of red roses presented to Mrs. McIntyre . . .

(Applause)

PRESIDENT MCINTYRE: Ladies and Gentlemen, there comes a time I suppose in all of our lives in which we become more or less embarrassed over situations that arise. On behalf of my wife and myself let me sincerely thank those responsible for this fine token of esteem.

This tray, Ladies and Gentlemen, as long as we shall live we shall greatly appreciate, I assure you, and for which we both and jointly extend our very great thanks.

I have another pleasant announcement. It is not always possible you know to hold Canadian Dental Meetings in which we have the ladies present owing to space. We are exceptionally fortunate today in having you with us which we appreciate a great deal.

I should like to ask now Madame Chairman of the Ladies Committee, Mrs. Locke to speak.

MRS. G. L. LOCKE: Mr. Chairman, Distinguished Guests, Ladies and Gentlemen: It is a very great pleasure for me to extend to the ladies today, on behalf of the Ladies' Convention Committee, a very warm welcome. We are happy that so many of you could accompany your husbands to this Convention, and we hope you will enjoy the programme we have planned for you. I would like to especially mention our Tour and Tea which will be leaving the hotel very shortly after the luncheon from the front entrance, and I hope during the next few days we will all have a chance to meet and become acquainted with all of you and do our part to make this a very memorable occasion for each of you.

(Applause)

PRESIDENT MCINTYRE: Thank you, Mrs. Locke.

At this time, Ladies and Gentlemen, there is a very short business matter requiring the presentation of the By-Laws—a matter concerning the ratification of the By-Laws, requiring our attention, and which Dr. Gullett will read.

AMENDMENT TO BY-LAWS

DR. GULLETT: I present a minor amendment to the By-Laws of the Association, in respect to the election of Honorary Members. Under the present By-Laws Honorary Members are selected by the Nominating Committee, which has been found to be an unworkable arrangement. The amendment delegates the selection to the Executive.

ANNUAL ASSOCIATION MEETING

To effect this change I present the following resolution:

THAT Article II, Section 3 of the Constitutional By-Laws be amended by deleting the words "Nominating Committee" in line 7, and substituting therefore the words "Executive Committee."

PRESIDENT MCINTYRE: You have heard the motion concerning the proposed change in the By-Laws. It is in order that we have a motion to this effect.

DR. TANNER: Mr. President, I will move the adoption of this amendment, and that this ratification take place.

PRESIDENT MCINTYRE: Do you have a seconder?

DEAN ELLIS: I will be pleased to second that motion, Mr. President.

PRESIDENT MCINTYRE: It has been duly moved and seconded that this resolution be adopted. Are you ready for the question, and a vote on it? All those in favour, will you kindly indicate by holding up your right hand? All those opposed? It is so ordered.

—Carried.

If there is no other business, this meeting will now adjourn.

Adjournment at 2.30 p.m.

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TRANSACTIONS
of the
CANADIAN DENTAL
ASSOCIATION



DENTAL LIBRARY
TORONTO

Annual Meeting
Winnipeg, Manitoba
June 19-22nd, 1957

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TRANSACTIONS
OF THE
CANADIAN DENTAL
ASSOCIATION



*Annual Meeting
Winnipeg, Manitoba
June 19-22nd, 1957*

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ANNUAL MEETING

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NOTE: Through error, the Report of the Council on Dental Education which appears on page 64 of these Transactions, does not contain a No. 4.

ATTENDANCE AT BOARD OF GOVERNORS MEETING

Winnipeg, Man., June 19 - 22nd, 1957

1st Ses. Wed. June 19 2.30 p.m.	2nd Ses. Thurs. June 20 2 p.m.	3rd Ses. Fri. June 21 9 a.m.	4th Ses. Fri. June 21 2 p.m.	5th Ses. Sat. June 22 9 a.m.	6th Ses. Sat. June 22 2 p.m.
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Board of Governors:

Allan, A. W. M.	v	v	v	v	v	v
Anderson, P. G.	v	v	v	v	v	v
Darcy, J. M.	v	v	v	v	v	v
Dewis, G. M.	v	v	v	v	v	v
Fleming, H. B.	v	v	v	v	v	v
Johnson, K. M.	v	v	v	v	v	v
Keenan, M. V. J.	v	v	v	v	v	v
Langlois, R.	v	v	v	v	v	v
Langmaid, W. J.	v	v	v	v	v	v
McIntyre, R. R.	v	v	v	v	v	v
Miller, Wm.	v	v	v	v	v	v
Racey, A. G.	v	v	v	v	v	v
Riley, W. J.	v	v	v	v	v	v
Strachan, C. L.	v	v	v	v	v	v
Whyte, J. P.	v	v	v	v	v	v
Winn, R. O.	v	v	v	v	v	v
Zimmerman, J.	v	v	v	v	v	v

Chairman of Committees:

Ellis, R. G.	v	v	v	v	v	v
Hunter, H. A.	v	v	v	v	v	
Macartney, E. S.	v	v	v	v	v	v
McLean, J. D.	v	v	v	v	v	v
Nikiforuk, G.	v	v	v	v	v	
Phillips, S. J.	v	v	v	v	v	v
Purcell, C. M.	v	v	v	v	v	v
Reid, H. W.	v	v	v	v	v	v
Rooney, R. A.		v	v	v	v	v
Rumberg, J. B.	v			v		v
Skilling, H. R.	v	v	v	v	v	v
Tanner, D. M.	v	v	v	v	v	v

Editors:

de Montigny, G.	v	v	v	v	v	v
Dunn, W. J.	v	v	v	v	v	v

ATTENDANCE AT BOARD OF GOVERNORS MEETING

Winnipeg, Man., June 19 - 22nd, 1957

1st Ses. Wed. June 19 2.30 p.m.	2nd Ses. Thurs. June 20 2 p.m.	3rd Ses. Fri. June 21 9 a.m.	4th Ses. Fri. June 21 2 p.m.	5th Ses. Sat. June 22 9 a.m.	6th Ses. Sat. June 22 2 p.m.
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Section Chairmen:

Bier, Roy	v				v
Crouch, J. T.	v	v	v	v	

Members:

Allen, Douglas				v	
Barrett, George				v	v
Brown, D. L.				v	
Brown, H. K.		v	v	v	v
Brown, J. O.		v	v	v	
Chegwin, A. E.	v	v	v	v	v
Clay, John					v
Garvin, M. H.		v			
Grose, L. M.				v	
Hamilton, W. Scott					v
Hancock, T. H.					v
Husband, C. D.			v	v	
Kilburn, L. A.	v	v	v	v	v
Kohli, F. A.	v		v	v	v
MacLean, H. R.				v	v
McPhail, C. W.	v	v	v	v	v
Merkeley, H. J.				v	
Purdie, J. E.		v			
Routley, Keith		v			
Schwartz, A.	v		v		
Tario, G. V.				v	
Walsh, A. L.					v
Wansbrough, E. M.	v	v	v	v	v

Others:

Premier Douglas Campbell, Manitoba				v	
Rev. F. R. Gartrell, Rector, St. George's Church, Winnipeg	v				

**Board
of
Governors**

OFFICIALS

1956 - 57

(For 1957 - 58 Officers see page 194)

Officers

<i>President</i>	-	-	-	-	-	K. M. JOHNSON, Winnipeg, Man.
<i>Immediate Past President</i>	-	-				R. R. McINTYRE, Calgary, Alta.
<i>President-elect</i>	-	-	-	-	-	A. G. RACEY, Montreal, P.Q.
<i>Secretary-Treasurer</i>	-	-	-			DON W. GULLETT, Toronto, Ont.

Executive

K. M. JOHNSON, A. G. RACEY, R. R. McINTYRE, G. M. DEWIS
C. L. STRACHAN; Co-opt Members: J. P. WHYTE and P. G. ANDERSON

Board of Governors

WM. MILLER	-	-	-	-	-	612 Birks Bldg., Vancouver, B.C.
R. R. McINTYRE	-	-	-	-	-	3027 - 3rd St. S.W., Calgary, Alta.
J. ZIMMERMAN	-	-	-	-	-	810 Greyhound Bldg., Calgary, Alta.
J. P. WHYTE	-	-	-	-	-	Swift Current, Sask.
K. M. JOHNSON	-	-	-	-	-	314 Somerset Bldg., Winnipeg, Man.
W. J. RILEY	-	-	-	-	-	505 Medical Arts Bldg., Winnipeg 1, Man.
P. G. ANDERSON	-	-	-	-	-	170 St. George St., Toronto, Ont.
M. V. J. KEENAN	-	-	-	-	-	7 Cedar St., Sudbury, Ont.
W. J. LANGMAID	-	-	-	-	-	167 Simcoe St. N., Oshawa, Ont.
C. L. STRACHAN	-	-	-	-	-	260 Queens Ave., London, Ont.
R. O. WINN	-	-	-	-	-	Medical Arts Bldg., Kitchener, Ont.
R. LANGLOIS	-	-	-	-	-	191 Grand Allee, Quebec, P.Q.
A. G. RACEY	-	-	-	-	-	1414 Drummond, Montreal, P.Q.
H. B. FLEMING	-	-	-	-	-	154 Highfield Street, Moncton, N.B.
G. M. DEWIS	-	-	-	-	-	269 Gottingen Street, Halifax, N.S.
A. W. M. ALLAN	-	-	-	-	-	168 Queen St., Charlottetown, P.E.I.
F. A. JANES	-	-	-	-	-	92 West St., Corner Brook, Nfld.

FOREWORD

The content of this publication is made up of the actual transactions which occurred at the Annual Meeting of the Association, held at Winnipeg, June 19th to 26th, 1957.

The reports are presented in the form as amended, at the meeting. Following each report will be found the action taken on the report.

The procedure at the Annual Meeting of the Board of Governors is that reports are referred to reference committees for study. The Chairmen of the reference committees report back on the respective reports at the sessions of the Board. As a result of this procedure all matters presented receive thorough consideration.

The issuance of these transactions furnishes each member with the policy of the Association on the various subjects considered. It is hoped that a reference book of value is thereby provided the membership.

4 July 1957.

REPORT

1. It is just over a year since we met as a Board in Banff. This has been a very busy year, replete with problems, many still unsolved. The Executive, the Board of Governors and committee chairmen have worked faithfully and we feel have been rewarded with some progress.

2. Board of Governors

May I now welcome as new members to the Board — Dr. Warren J. Riley, (Manitoba); Dr. R. Langlois, (Quebec); Dr. A. W. Allan (Prince Edward Island); Dr. J. M. Darcy, (Newfoundland).

I assure you, gentlemen, you will find the other members most co-operative and the opportunity of making your contribution most interesting.

Also on behalf of the Association I express our appreciation and thanks to the members who have retired from the Board this year. We ask their continued support and guidance so that their valuable experience will not be lost to our Association.

3. Visitations:

During the past year your Secretary and I have made both the Eastern and Western visitation trips and we can report a healthy condition in our profession. In addition to the usual society meetings it has been my privilege to address the students in three of our five schools. The enthusiasm of these young people is most encouraging giving me a feeling of great hope for the future of our profession.

In October we were privileged to assist at the laying of the corner-stone at the new building to honour the dental faculty at Dalhousie University. It is a fitting tribute to the efforts of the Dean and members of the faculty, to dentists of the Maritime Provinces, and the Canadian Dental Association.

In addition I have acted as your official representative at a number of conventions and official gatherings. It was not possible to accept all invitations received.

4. Committees:

We extend sincere thanks to the chairman and members of committees who have served faithfully during the year. Their work is most important and forms one of the best contributions a member can make to our Association.

5. Dental Public Health:

The most frequently discussed single problem has been Fluoridation of Communal Water Supplies. In obtaining this public health measure it is

PRESIDENT

important that just effort be made, not only to obtain the adoption of this measure, but also to retain it wherever adopted. We have met signal success, but we must not let down as the "antis" are insidious and persevering in their efforts to upset our good works.

6. Responsibility of Governors:

May I urge each Governor to keep the members of his corporate body informed as to the endeavours of the Executive and Board and also to present before the Executive and Board any problems and suggestions for improvement for their consideration.

7. Increased Teaching Facilities:

The ratio of dentists to population as of January 1st, 1957 is estimated at 1 to 2980. This is expected to worsen for a least five years until increased teaching facilities are in operation.

The hope for increased teaching facilities in our schools may be reported as follows: —

Dalhousie University — a fine new building with yearly enrolment increased to 25.

University of Toronto — a new building with yearly enrolment increased to 125
This will probably be ready in 1959.

University of Manitoba — a new school with probable yearly enrolment of 30 to open in 1958.

The remaining teaching facilities are about as they have been.

8. The Hygienist:

University of Toronto is teaching 12 students per year with provision in the new school for classes of 40 to 50. University of Manitoba hopes to teach 15 students per year.

The Council on Dental Education continues to offer leadership and guidance in this most important field.

9. Secretarial Assistance:

In regard to the great need of executive assistance for our Secretary, I would report that your executive has authorized Dr. P. G. Anderson to assist the Secretary in engaging an Assistant Secretary.

10. Another Responsibility Met:

During the year your Secretary Dr. Gullett has, with the approval of the Executive, accepted a position on the Advisory Board of the World Health Organization.

11. Pension Payments:

Your Secretary and I made presentation to the Honourable Minister of Finance at Ottawa regarding deduction from taxable income of money paid toward pensions for self-employed. This year we met with considerable success as you are aware.

12. Health Insurance:

The third stage of "National Health Insurance" has now reached a point where negotiations between the federal and provincial governments are almost complete. This will affect dentistry in every province. It is obvious that the Canadian Dental Association should continue to study the situation fully in order that we may endeavour to avoid as many pitfalls as possible and profit where we can by the experience of other countries. To this end, we have an active and excellent committee constantly working and in addition, your executive is sending a very experienced investigator in the person of Dr. Gullett to study the matter in the Scandinavian countries this summer.

13. Honorary Degrees:

We are advised that outstanding leaders in Dentistry, one from England, one from the United States of America and one from Canada will be awarded honorary degrees at a Convocation to be held by the University of Manitoba during the convention. We appreciate deeply this recognition of our profession.

14. I would draw your attention to the fact that three of our provincial secretaries have retired this year after long and successful service — Dr. Emery Jones, Dr. Frank Morrison and Dr. Lorne Fasken. May health and happiness be their's.

15. May I thank each member of the Board of Governors, each committee chairman and member, and also the Editors and staff of the Journal for their cooperation.

16. And finally, may I thank our Secretary, Dr. Gullett and his excellent staff for their great help during my term of office.

COMMENT AND RESOLUTIONS

1. Agreed.

2. We concur.

3. We offer the following resolution:

Whereas the presence of the President of the C.D.A. is important at any official meeting where he has been invited, and

Whereas the President is unable to accept all the invitations that he receives because of varying circumstances, and

Whereas the dental student body — not only the graduating class, but all the students of the school — should be visited by an official representative of the C.D.A. to inform them about the affairs of the National Organization to which they will belong during their professional life, therefore be it

Resolved that, when the President of the C.D.A. is unable to accept an invitation to address a student body, he delegate an official representative of the C.D.A. to this gathering whenever possible.

ADOPTED

We note with pleasure the fact that the President and Secretary of the C.D.A. were able to be present at the ceremony in connection with the laying of the corner-stone of the new dental building.

4. We concur.

5. & 6. Agreed.

7. We are pleased to see that increased teaching facilities are being instituted in Dalhousie University and the University of Toronto. It is also gratifying to see that Manitoba is going ahead with the construction of a dental school.

8. The increase in the number of hygienists to be trained is also encouraging. Dalhousie University has completed plans for a survey this autumn of its facilities for dental hygiene education.

9. Approved.

10. We wish to congratulate the Secretary on his appointment to this Board.

11. We commend the President and Secretary for the success of their efforts this year, as submissions have been made in previous years without success, it illustrates the value of continued effort on the part of the Association. We suggest that effort be continued to improve the situation.

12. Agreed.

13. We learned that the names of these men are as follows:

Mr. L. E. Balding

Dean G. D. Timmons

Dr. M. H. Garvin

Whereas the University of Manitoba is honouring a distinguished member of the Association, in the person of Dr. M. H. Garvin, as well as Mr. Balding and Dean Timmons, therefore be it

Resolved that a vote of congratulations be forwarded to Dr. Garvin, Mr. Balding and Dean Timmons, and

Resolved that a note of appreciation be sent to the University of Manitoba for thus recognizing our confreres.

ADOPTED

14. 15. 16. We concur.

We wish to express our sincere appreciation to the President for his untiring efforts during the past year, which he has so willingly given in the interest of the profession.

We recommend the adoption of the Report of the President.

APPROVED

MEMBERS OF NECROLOGY COMMITTEE: *Don W. Gullett, Chairman, Toronto, Ont.; G. I. Creasy, Vancouver, B.C.; R. A. Rooney, Edmonton, Alta.; F. R. Smith, Saskatoon, Sask.; J. O. Brown, Winnipeg, Man.; W. J. Dunn, Toronto, Ont.; Denis Forest, Montreal, P.Q.; S. K. Wetmore, Lancaster, N.B.; G. M. Dewis, Halifax, N.S.; Heath McIntyre, Charlottetown, P.E.I.; G. P. French, St. John's, Nfld.*

REPORT

Your Necrology Committee reports with regret the loss of the following members since the last meeting.

Aronson, Aaron M., McGill '11	- - - - -	Montreal, P.Q.
Bacon, Florent, Montreal '35	- - - - -	Amos, P.Q.
Berry, Richard Nixon, R.C.D.S. '98	- - - - -	Hamilton, Ont.
Bordeleau, Donat, - - - - -	- - - - -	Montreal, P.Q.
Bothwell, John Alexander, R.C.D.S. '06	- - - - -	Toronto, Ont.
Briggs, Frank C. H., R.C.D.S. '00	- - - - -	Hamilton, Ont.
Brault, Henri - - - - -	- - - - -	Montreal, P.Q.
Brown, Richard N. G., R.C.D.S. '23	- - - - -	Assiniboia, Sask.
Campbell, Louis Godfrey, R.C.D.S. '96	- - - - -	Markdale, Ont.
Chalout, P. - - - - -	- - - - -	Quebec, P.Q.
Charlebois, J. A., Montreal '29	- - - - -	Montreal, P.Q.
Choquette, Léon E., Montreal '16	- - - - -	Montreal, P.Q.
Coon, Arthur Willard, R.C.D.S. '23	- - - - -	Virginia, U.S.A.
Craig, Marvin Logan, Toronto '30	- - - - -	Toronto, Ont.
Cummings, Albert Edward, R.C.D.S. '97	- - - - -	Burlington, Ont.
Curry, William Jameson, Oregon '32	- - - - -	Vancouver, B.C.
Daly, Arthur Patrick, R.C.D.S. '21	- - - - -	Radisson, Sask.
Derôme, J. M., Laval '15	- - - - -	Montreal, P.Q.
Dickson, John Harrison, R.C.D.S. '19	- - - - -	Killarney, Man.
Dow, David Henry, R.C.D.S. '07	- - - - -	Woodstock, Ont.
Dow, James A., Louisville '05	- - - - -	Winnipeg, Man.
Doyle, Aubrey S., Oregon '14	- - - - -	Vancouver, B.C.
Falconer, Elisha William, R.C.D.S. '95	- - - - -	Toronto, Ont.
Florian, Sydney Dillon, Dalhousie '23	- - - - -	Sydney, N.S.
Fournier, Vivian Stephen, R.C.D.S. '17	- - - - -	Sudbury, Ont.
Fraser, Grant, R.C.D.S. '14	- - - - -	Madoc, Ont.
Fremming, C. C. S. - - - - -	- - - - -	Winnipeg, Man.

Girvan, John Scott, R.C.D.S. '14	- - - - -	Ottawa, Ont.
Godwin, Lloyd Stafford, R.C.D.S. '13	- - - - -	Detroit, Mich., U.S.A.
Goodhand, Hadley Charles, R.C.D.S. '16	- - - - -	Beaverlodge, Alta.
Grant, George Albert, Chicago '15	- - - - -	Winnipeg, Man.
Halpin, Hector Earl, McGill '26	- - - - -	Calgary, Alta.
Harvie, Strothard Stanley, Denver '01	- - - - -	Pictou, N.S.
Hazelwood, Wallace Valentine	- - - - -	Saint John, N.B.
Henderson, Arthur Henry, Oregon '23	- - - - -	Vancouver, B.C.
Hogan, Leonard Douglas, R.C.D.S. '04	- - - - -	Walkerville, Ont.
Irvine, Herbert, R.C.D.S. '03	- - - - -	Lindsay, Ont.
Irwin, William Wallace, Northwestern '05	- - - - -	Mirror Lake, B.C.
Kennedy, Arthur B., Georgetown '35	- - - - -	St. John's, Nfld.
Kushnerov, Ben Louis, Alberta '40	- - - - -	Winnipeg, Man.
Laforest, J. E., Montreal '19	- - - - -	Quebec, P.Q.
Landry, J. Gratien, Montreal '20	- - - - -	Trois-Rivières, P.Q.
Lowey, Alexander MacArthur, Minnesota '35	- - - - -	Moose Jaw, Sask.
McIntyre, Peter, R.C.D.S. '17	- - - - -	North Bay, Ont.
McKay, William Sargison, R.C.D.S. '01	- - - - -	Toronto, Ont.
Mondor, A., Montreal '27	- - - - -	Montreal, P.Q.
Morris, Harold Drury, R.C.D.S. '23	- - - - -	Toronto, Ont.
Muir, Alexander Hamilton, R.C.D.S. '07	- - - - -	Fergus, Ont.
Mustard, Hugh Arthur, R.C.D.S. '11	- - - - -	Sarnia, Ont.
Perdue, Garnet, R.C.D.S. '20	- - - - -	Michigan, U.S.A.
Perin, James Gestie, R.C.D.S. '25	- - - - -	Toronto, Ont.
Pivnick, Maurice, R.C.D.S. '13	- - - - -	Toronto, Ont.
Redden, George Byron, Baltimore '14	- - - - -	Saltcoats, Sask.
Rice, Joseph, Toronto '35	- - - - -	Winnipeg, Man.
Richardson, Hugh Edwin Wesley, R.C.D.S. '03	- - - - -	Toronto, Ont.
Robb, Harvey, R.C.D.S. '09	- - - - -	London, Ont.
Robinson, Gilbert Boyd, Dalhousie '41	- - - - -	Virginiatown, Ont.
Rochette, W., Laval '10	- - - - -	Montreal, P.Q.
Ronnan, Matthew Francis, Pennsylvania '02	- - - - -	Antigonish, N.S.
Ross, George Haycroft, R.C.D.S. '12	- - - - -	Wingham, Ont.
Shaw, Raymond Cox, Oregon '27	- - - - -	Nelson, B.C.
Slack, A. E., R.C.D.S. '10	- - - - -	Medicine Hat, Alta.
Smith, Allison	- - - - -	Medicine Hat, Alta.

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Snyder, Roy Herbert, Northwestern	'16	-	-	-	-	Winnipeg, Man.
Spence, William Adams, R.C.D.S.	'20	-	-	-	-	Brussels, Ont.
Spicer, Stanley Williams, Pennsylvania	'06	-	-	-	-	Kentville, N.S.
Temple, Norman Basil, R.C.D.S.	'17	-	-	-	-	Toronto, Ont.
Vance, Robert James, R.C.D.S.	'09	-	-	-	-	Waterdown, Ont.
Wallace, Ernest, R.C.D.S.	'23	-	-	-	-	Winnipeg, Man.
Walton, Arthur Harold, R.C.D.S.	'20	-	-	-	-	Picton, Ont.
Webber, William Edward, Toronto	'30	-	-	-	-	Edmonton, Alta.
Whittaker, Howard F., Chicago	'04	-	-	-	-	Edmonton, Alta.
Wilson, James Malcolm, R.C.D.S.	'05	-	-	-	-	Trenton, Ont.

REPORT

1. The following matters are presented for your consideration.

Dental Public Health:

2. The future planning for dentistry by the Association includes considerable dependence upon activity in the public health field. Dental health education is considered a fundamental matter. One objective states that dentists qualified in public health should be employed to direct programmes in dental health education in each area. Some success has been attained in this endeavour but all is not well and certain issues have arisen which should be faced with determination for correction. Admitted by all, qualified dental health officers have by their efforts greatly increased appreciation of dental health in a considerable number of health areas. However, these members have not always found their position easy by any means. Many of them have felt insecure. To some extent this insecurity has been financial but this reason only accounts for a part of the situation. To succeed, the dental health officer must have enthusiastic support of the dentists in his area, otherwise his position often becomes difficult. Lack of a cooperative spirit among members of the profession in an area tends to bring discouragement into the whole effort. Hence young, enthusiastic dentists hesitate to enter the field of public health. The importance of this matter is such that ways and means should be sought in order to correct these tendencies.

Taxation:

3. The question of deductibility of pension payments has been before this meeting for several years. Several presentations in the name of the Association have been made to the authorities on the subject. On January 28th last, your President and Secretary were favourably received at a meeting in the office of the Minister of Finance when a further memorandum on the subject was presented. In presenting the budget on March 14th last in the House of Commons the request was granted. For the year 1957 and future years dentists will be permitted to deduct 10% of earned income or up to \$2,500 a year for this purpose. Full details respecting this arrangement are available through the office of the C.D.A. Pension-Assurance Plan.

Tariffs:

4. After several years effort the abolishment of tariff on dental chairs, dental units, dental electric engines was secured in 1955. As dental cuspidors were not actually named separately under this item it was found that duty was being collected on this piece of equipment. An

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effort was made to have dental cuspidors included on the free of duty list which was successful. As a result, all major articles of dental equipment may now be imported into Canada on a free basis.

Public Relations:

5. A tendency exists to confuse publicity with public relations. It is true that publicity forms a part of a good public relations programme but only a part. Publicity for publicity's sake alone is hardly a good programme for a profession to adopt. Publicity should emanate from a sound public relations effort which should have a solid background. Utmost care should be exercised in releasing only statements which have a secure basis of fact. Above all, responsible professional bodies should be certain about any project or activity before releasing publicity. In other words the publicity usually comes after the particular project is fully prepared and not antecedent to it.

Personnel:

6. The ratio of dentist to population is gradually worsening each year. During the last five years the ratio for Canada as a whole has dropped from 1/2740 to 1/2934. In the meantime the death and retirement rate increases. The indicated ratio for January 1958 is approximately 1/3000. As of January 1957 there were reported 5481 dentists in Canada.
7. The Bureau of Statistics states the average increase in population to be at the rate of 48 per hour. Any increased annual additions to the profession as a result of present activities in building dental schools cannot be anticipated for several years. If estimated population growth figures are considered there is some doubt that presently indicated extensions of teaching facilities will serve to improve the ratio at all.
8. A first duty of a profession is to provide service. The present position is a serious one which can be expected to become more difficult. The problem is not only a matter of an increased number of graduates but also in meeting intensified demands for substitute service. The matter calls for realistic leadership by the Association and guidance should be forthcoming from this meeting.

Publications:

9. The number of publications has substantially increased during the past year, all of which have received a fine reception. A considerable number of congratulatory letters have been received respecting them. These productions have been made possible at reasonable cost owing to a small printing plant established at headquarters which has operated at capacity during the year. Opinion is expressed that this constitutes one of the most valuable activities of the Association both within and without the profession.

Fluoridation:

10. In spite of delays and discouragements, headway is being made in the introduction of fluoridation. There have been some notable advances made during the year. Almost a million people in Canada, or one-sixteenth of the population are now drinking fluoridated water. The increase during the past year amounted to over 600,000 people. The introduction of all public health measures has met opposition and fluoridation is no different from others. The only real answer is continuing education and we must not become discouraged in the effort. Evidence exists that even after fluoridation is adopted in a municipality the effort must be continued. The Association has supplied a great deal of literature for this purpose and is endeavouring to produce further subject matter of a suitable nature for public information.

Stability:

11. In the light of current developments real need exists to carefully re-examine the representative organizations of dentistry. Demands upon the profession are both increasing and rapidly changing. Legislative proposals and lay activities respecting methods of obtaining services are two points which require serious and continuing attention. The frontage of dentistry must be responsible, stable and continuously active. The importance of this appearance before the public is most desirable. Realizing this importance, it is commendable, particularly on the provincial level, that some provinces are developing rather extensive physical and administrative alterations within their organizations.
12. The need of the day extends beyond, into the matter of the place of dentistry in society as a whole. Objectives need to be set in order that the profession may know the direction. One of these objectives should be the defining of dentistry as a health service in an all-inclusive manner which has not been done in a satisfactory manner to date. Acceptable guiding principles are a necessity particularly in the rapidly changing world we now live in.

Health Education and Research:

13. During recent years activity has occurred in the form of setting aside a period during the year for intensive dental health education. Three provincial bodies are now conducting an annual dental health week. This year some other provinces conducted a dental health day in cooperation with the Health League of Canada during health week, as organized by that organization. The Association has assisted these efforts to some extent through supplying subject matter in the various media. The variation of dates in the different provinces limits effort on the national level. The question of retention of the profession's identity has been raised.

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14. In the meantime another proposal has been advanced in some quarters. It has been suggested that the Association consider the establishment of a society on a similar basis to existing societies such as: Canadian Cancer Society, Canadian Arthritis and Rheumatism Society etc. These organizations operate under aegis of the Department of National Health and Welfare and donations are deductible for income tax purposes. It is agreed that these organizations have been eminently successful. Such an organization can be fostered by this Association but must operate independently. Certain points arise in the establishment of such an organization. First, success depends upon public appeal and the question arises whether or not dental health has advanced to a position where it would receive enough public support. Second, the success depends largely upon enthusiastic leadership not only on the national level but in each province as well. Thirdly, a fund of some nature is necessary in order to establish an organization of this kind. The names suggested are "Canadian Dental Health and Research Society" or "Canadian Society for Prevention and Control of Dental Disease".

Conclusion:

15. Opinion is expressed that the Association continues to enhance its position in making contribution to the betterment of our Canadian way of life. Such contribution becomes possible through the active cooperation of all those holding positions of responsibility in the Association and the membership at large.
16. This report is informational in character and contains no specific recommendation.

COMMENT, RECOMMENDATIONS AND RESOLUTIONS

1. We beg to report as follows:
2. It is recommended that this matter be referred to the Committee on Dental Public Health, with the following suggestions:
 - (1) that they take steps to keep the profession more fully informed regarding the work of dental public health officers.
 - (2) that closer cooperation be fostered, between dental health officers and local dental organizations.
3. It is recommended that information respecting details of the deductibility of pension payments, when available, be sent out to the profession by the C.D.A.

It is further recommended that this matter of taxation be given further

study. We commend the Secretary and officers of the Association for the progress made.

4. We commend, and recommend that the profession be fully informed on this matter.

5. We concur.

6. Noted.

7. We wish to present the following resolution:

Whereas a definite shortage of dental personnel exists in Canada, and Whereas the present teaching facilities in Canada are inadequate to graduate sufficient personnel to meet the need of the public for dental services, and

Whereas the responsibility for the provision of increased teaching facilities rests upon university and government authorities, therefore be it

Resolved that this Association continue to use all available means to further the securing of expansion of teaching facilities for the training of dentists and dental hygienists in order to provide adequate dental service to meet the need of the people, and be it further

Resolved that copies of this resolution be forwarded to the Federal Minister of Health, to the Provincial Ministers of Health and Education to the Presidents of Universities wherein faculties or schools in dentistry exist or are contemplated, and to any other interested bodies.

ADOPTED

8. We recommend that the C.D.A. continue its efforts to attract high quality students to the profession of dentistry and would reaffirm the suggestions and recommendations recorded on page 11 of the Transactions for 1956. Further, we would suggest that this paragraph be referred to the Committee on Auxiliary Services.

9. We commend.

10. Noted. We commend all those who have contributed to the fluoridation program.

11. Agreed.

12. This matter requires intensive study.

13. We present the following resolution:

Whereas different provinces conduct Dental Health Weeks or Days at different times of the year, and on different patterns, and

Whereas organizations, other than dental, have been promoting Dental Health Weeks or Days, and

Whereas such a day or such a week could be conducted with more uniformity throughout Canada if it was organized by the national body, and

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Whereas this decision by the C.D.A. would stimulate the provinces, which do not already have a Dental Health Week or Day, to do so, therefore be it

Resolved that the C.D.A., through the Committee on Dental Public Health, or any other committee, organize a National Dental Health Week, or Day, as seems feasible.

ADOPTED

14. We recommend that this matter be referred to the Committee on Dental Public Health for further study.
15. We concur.
16. Noted.

We recommend the adoption of the Report of the Secretary and the foregoing resolutions.

APPROVED

MEMBERS OF EXECUTIVE COMMITTEE: *K. M. Johnson, Chairman, Winnipeg, Man.; A. G. Racey, Montreal, P.Q.; R. R. McIntyre, Calgary, Alta.; G. M. Dewis, Halifax, N.S.; C. L. Strachan, London, Ont.; Co-opt Members: J. P. Whyte, Swift Current, Sask.; P. G. Anderson, Toronto, Ont.*

REPORT

1. Immediately following the Banff meeting, the newly elected Executive held a brief meeting. The second meeting was held at Toronto February 11th-13th, 1957. As before, the time was inadequate, but the more important matters were dealt with. Several mail ballots were held on matters of urgency.

2. Finance:

(a) Dr. S. J. Phillips, Chairman of the Finance Committee presented his report and commented on his pleasure at being able to present a "balanced" budget. Dr. Phillips deserves the thanks of this Board for his continued efforts on our behalf on this important committee.

(b) Dr. Phillips presented the Budget for 1958 which was approved for presentation to this Board.

(c) The auditor's statement for 1956 was approved and the firm of Thorne, Mulholland, Howson and McPherson, chartered accountants, was appointed auditors for the coming year.

(d) Your executive authorized transferring an amount equal to 10% of the annual budget to the reserve fund instead of the previous amount of 5%.

(e) Also that the amount of \$8,500.00 representing a previous loan to the Housing Fund be repaid to the Reserve Fund from the general fund.

(f) Also that beginning January 1st, 1957, the interest derived from reserve fund be kept in the said fund.

(g) In keeping with the times it became necessary to make some salary adjustment with the headquarters' staff.

3. Housing Committee:

(a) On recommendation of Dr. R. P. Lowery, Chairman of the Housing Committee, consideration was given to the problem of further requirements of additional accommodation at our headquarters building. The housing committee was instructed to study this problem further and to present a report at the annual meeting.

(b) In accordance with the instruction given at the last Annual Meeting,

EXECUTIVE

the Executive Committee recommends that the name "Housing Committee" be changed to "The Committee on Headquarters Property".

4. C.D.A. Pension-Assurance Plan:

Mr. Staddon, Administrator of the C.D.A. Pension-Assurance Plan reported to the Executive that progress is satisfactory. Participation in the dental student plan has been excellent with the exception of one school. A detailed report will be found in Appendix A.

5. Future Annual Meetings:

Considerable time is spent by the Executive in arranging details for this and future Annual Meetings.

Invitations confirmed at present are as follows:—

1958	October 5th - 8th	Montreal
1959	June 21st - 24th	Halifax
1960	September	Ottawa
1961	June	Saskatoon
1962	May	Toronto
1967	May	Toronto
		(100th anniversary)

6. Honorary Membership:

The following were proposed for honorary membership in the Canadian Dental Association:

- Dr. H. J. Merkeley of Winnipeg, Man.
- Dr. W. L. Hutton, Medical Health Officer, City of Brantford.

This is the first time anyone not a member of the profession has been recommended for this high honour.

7. Omnibus Fund:

After careful investigation, it appears that the establishment of an Omnibus Trust Fund as suggested at the Banff meeting is not possible under tax regulations.

8. During the year your Secretary, Dr. Gullett, has accepted position on the Advisory Board of the World Health Organization with the sanction of the Executive. We feel that the Association is honoured as well as Dr. Gullett.

9. Assistant Secretary:

Dr. P. G. Anderson and Dr. Gullett were authorized to engage an assistant secretary as soon as they thought a suitable man could be found.

10. Convention — 1956

Canadian Dental Association and Alberta Dental Association —

Dr. Baden Powell forwarded his report on the joint convention held in Banff, June 3rd - 6th, 1956. We extend to Dr. Baden Powell and his committee our thanks and appreciation for a most successful meeting. The record shows 396 dentists attended of whom 90% were accompanied by their wives. The auditor's statement shows a surplus of \$4,096.77 divided equally between the Canadian Dental Association and the Alberta Dental Association.

11. Canadian Dental Nurses and Assistants Association:

Your executive approved the application of the above association for incorporation under the Canadian Government regulations.

12. Civil Defence:

Dr. A. G. Racey attended the course on Civil Defence at Arnprior at the invitation of the Minister of Health and Welfare.

13. Installing Officer:

Dr. A. L. Walsh was appointed Installing Officer for the Annual Meeting of the Canadian Dental Association for 1957.

14. Official Delegates to F.D.I. Rome Congress:

Dr. R. R. McIntyre and Dr. Don Gullett were appointed as official representatives of this body to the International Dental Federation Rome Congress, September 7 - 14, 1957.

15. National Cancer Institute of Canada:

Dr. C. H. M. Williams was appointed representative of the C.D.A. to the National Cancer Institute of Canada.

16. War Memorial Essay Title for 1957 - 1958:

"An evaluation of proper procedures in Oral Diagnosis and their bearing on Subsequent Treatment Planning.

17. Convention Chairman for 1959:

Dean J. D. McLean was appointed Convention Chairman for 1959.

18. Review of By-laws:

The Executive Committee approved amendments as suggested by the Association's Solicitor and that the same be transmitted to the Chairman of the By-laws Committee.

Doctors J. P. Whyte and C. L. Strachan were appointed a committee to study a general revision of existing by-laws.

EXECUTIVE

19. **Executive Committee:**

The change in the number of members of the Executive Committee from five to seven has been an excellent move and I hope the Board will authorize the proposed by-laws to grant the additional members full voting powers.

20. My personal thanks go to each member of the Executive Committee, to our Secretary and to the members of his loyal and efficient staff, all of whom helped to make this year most successful.

21. A meeting of the Executive was held on Wednesday morning June 19th preceding the present sessions of the Board.

Proposed by-laws of International Dental Federation

22. Approval was given to submitted proposed by-laws of the International Dental Federation which the delegates to the forthcoming Congress at Rome were authorized to support.

Deductibility of Pension Payments

23. A review was made of the present position of the Association in relationship to the adopted legislation respecting the deductibility of pension payments. Decision was made that a statement should be issued by the Association.

24. Several matters arising for discussion at this Annual Meeting were discussed for the purpose of clarification.

FIFTH ANNUAL REPORT TO THE TRUSTEES
of the
PENSION-ASSURANCE PLAN AND BLUE CROSS GROUP

31st January 1957

I am much obliged for the invitation to submit the report to you in person and for the opportunity it affords to meet several of the Executive for the first time. Previous reports have covered varying odd periods and I would like to commence with this report, and for the future, to cover the previous calendar year. I think in that way, any figures given will more readily have some meaning.

As you all know, Mr. and Mrs. Williamson, who did so much to get the Plan started, left at the 31st August, 1956, and shortly after that date the Administration Office was moved to a more accessible location in Brockville. In the very near future it is hoped that suitable accommodation will be found in Toronto, probably in the northern section of the city. A very large proportion of the members will then have ready access to the Administration staff in seeking information. Mr. J. A. Howard continues to be available in the Western Provinces.

The year 1956 was again one of considerable progress and satisfaction, although I am by no means certain that the benefits of the Plan are appreciated by members to the full. Further progress is, therefore, expected in the year before us.

There were two main points relating to premiums, although the first did not apply until 1957. The Blue Cross authorities found it necessary to increase premiums from 6% to 9% according to Province. This was not altogether unexpected and there is some satisfaction in the report from the Blue Cross authorities stating that other Groups and direct subscribers had to bear a substantially higher increase. The average claim payment made was \$118 and the largest single case involved a payment of \$2,176.70. This is a clear illustration of the suitability of the structure of the C.D.A. Blue Cross Plan to professional men. The very minor claims probably paid a little less than would have been recovered under normal Blue Cross coverage, but in the serious cases such as the one just quoted, the claimant received several hundred dollars extra. In actual fact, it is possible that the difference was as high as \$1,100.00.

The second factor affecting rates was a substantial reduction made by the Life Underwriters in all Term Assurance. It should be gratifying to realize that the premium rates and policy terms are under constant observation and that any possible reduction is brought into effect without delay.

There were no death claims during 1956 and no members started to receive Pension benefits. The percentage of claims payments under the

EXECUTIVE

Disability coverage has increased sharply, but, as would be expected in the early years, is still comparatively low. However, one member currently receiving benefits has been paid over \$2,000.00 and he does not hold the maximum monthly indemnity under the Plan.

The largest single contribution to the continued and progressive success of the Plan was the introduction, about a year ago, of the low-cost Life Assurance Scheme for Dental Students. There is now no need for any new members of the profession to be without some life assurance as they may obtain up to \$10,000.00 regardless of insurability, provided that sufficient numbers of their class apply.

I am indebted to Dr. D. W. Gullett and many other officials for the generous support given to the Plan and the attached figures are presented to show the progress made in 1956.

Respectfully submitted,
J. T. Staddon, Administrator.

STATISTICAL ADDENDUM
FIFTH ANNUAL REPORT OF THE ADMINISTRATOR

	New Since Jan. 1, 1956	Total in Force at Jan. 1, 1957
1. Policy-Owners Contracts:		
C.D.A. Pension-Assurance Plan	345*	850
C.D.A. Blue Cross	191**	2,109
2. Annual Premiums		
C.D.A. Pension-Assurance Plan	\$ 45,742.49	\$ 192,137.00
C.D.A. Blue Cross	21,584.32	162,028.68
3. Benefits Undertaken		
(a) Principal Sums Assured	2,372,255.00	5,886,273.00
(b) Commuted Value of Family Income	1,057,751.00	4,179,924.00
(c) Annual Pensions Payable on Maturity.....	63,541.00	283,500.00
(d) Cash Options in Lieu of Pensions	884,147.00	3,843,401.50
(e) Monthly Disability Indemnity	15,800.00	68,040.00

* Net Increase 310. Balance of 35 includes policies converted to another contract
** Net Increase 134. Balance of 57 includes deaths, transfers to Municipal Services, Removals to Western Provinces and Lapses.

COMMENT AND RESOLUTION

1. Informative.
2. (a) - (f) Referred to Finance Committee
(g) Agreed.
3. (a) Noted.
(b) We approve.
4. We are pleased to note progress. Report examined and noted with interest.
5. Noted with interest.
6. We heartily concur with first named, and commend the Executive on the selection of Dr. W. L. Hutton, who, though not a member of the Association, has made such a grand contribution in dental public health.
7. Noted with regret.
8. We feel that the Association as well as the Secretary were honoured.
9. We agree and feel this action is long overdue.
10. We heartily agree and express sincere appreciation for conducting a convention which was successful educationally, socially and financially.
11. We approve.
12. & 13. Noted with interest.
14. We approve.
15. 16. 17. 18. Noted.
19. We approve of the action of the Executive. Same will come under By-laws Committee.
20. Agreed.
21. Noted.
22. Approved
23. We present the following resolution regarding deductibility of pension payments from personal income tax.

Whereas the Canadian Government has passed legislation which authorizes certain deductions from personal income tax, to a maximum of 10% of earned income, applied to pension payments, and

Whereas consequently trust companies and investment firms are offering proposals of mutual savings funds, producing an annuity at the end

EXECUTIVE

of the contract. Insurance companies are also offering participating contracts and

Whereas the Canadian Dental Association has been strongly advised to adopt a policy of guaranteed rates and definite returns for its Pension-Assurance Plan, therefore be it

Resolved that the Canadian Dental Association express utmost confidence in its Pension Assurance Plan for a guaranteed security, and

Further ask that the Executive be given authority to deal with any problems or modification which may arise in regard to the Pension-Assurance Plan.

ADOPTED

24. Noted.

We recommend the adoption of the Report of the Executive Committee with resolution.

APPROVED

REPORT

1. I beg to present to you the financial report for your consideration.

2. **Grants**

All the provinces have paid in full their grants for 1956, and the provinces with only one exception have confirmed payment at the rate of \$25.00 per capita.

3. **Finances**

We are pleased to present a financial statement that shows a balanced budget with a surplus. At the same time I hope that the password of the financial administration shall be **stabilization**.

4. **Expenses**

Now that the grants of the provinces are such, to give the Association a surplus, our objective will be to avoid extravagant expenses and consolidate our position.

5. **Reserve Fund**

In 1956 the appropriation for the reserve fund was set at \$5,000. This represents 5% of our annual budget. At the Annual Meeting at Banff the following resolution was passed:

“Whereas the establishment of an adequate Reserve Fund for the Canadian Dental Association is of paramount importance, therefore be it: Resolved that the sum of \$5,000 be budgeted for annually and placed in the Reserve Fund.”

In the finance report to the Board of Governors — quote — “Five per cent (5%) of our annual budget plus part of the surplus, if any, at the discretion of the Executive”.

When Dr. Don W. Gullett saw by the 15th of December that the Association was going to have a sizeable surplus, he contacted me and together we decided to contact each member of the Executive and received their permission to buy, before the end of 1956, up to \$15,000 in bonds. Actually we were able to purchase \$10,000 worth in addition to the funds for this allotted in the 1956 budget.

Bonds purchased during the year were made up as follows:

- (1) \$5,000 — Province of Ontario — 4¼%, May 15/74
- (2) \$15,000 — Government of Canada — 3¼%, Oct. 1/79
- (3) \$5,000 — Province of Nova Scotia — 5%, Dec. 15/73

FINANCE

6. Funds to Royal Canadian Dental Corps

The procedure designated by the resolution of the Executive June 3rd, 1956, has been followed and the book will likely be published late spring of this year. It is hoped that sales will cover the advance of \$4,000 made at time of publication.

7. Auditors' Financial Statement for 1956 will appear as Appendix A to this report together with list of securities held as of December 31, 1956 — see Appendix B.

COMMENT ON
FINANCIAL STATEMENT FOR YEAR ENDING DEC. 31, 1956
STATEMENT OF RECEIPTS AND DISBURSEMENTS
GENERAL
BY COMPARISON 1956 and 1955

Receipts:

(1) Cash on hand	
Balance on hand and in bank Dec. 31, 1955	\$17,159.92
Balance on hand and in bank Dec. 31, 1956.....	23,715.01

(2) Grants

1956 Grants from Provinces	\$124,100.00
1955 Grants from Provinces	93,100.00

An increase of \$31,000.00
Mostly due from increase in per capita fees.

British Columbia from	\$ 11,740.00	to \$ 15,225.00
Alberta "	5,865.00	to 10,025.00
Saskatchewan "	4,285.00	to 5,375.00
Manitoba "	4,900.00	to 5,850.00
Ontario "	46,500.00	to 58,200.00
Quebec "	13,695.00	to 21,525.00
New Brunswick "	1,500.00	to 2,500.00
Nova Scotia "	3,700.00	to 3,920.00
Prince Edward Is. "	495.00	to 680.00
Newfoundland "	420.00	to 800.00
	<u>\$ 93,100.00</u>	<u>\$124,100.00</u>

(3) Interest on Investments

1956 transfer from Reserve Fund	\$ 1,041.25
1955 transfer from Reserve Fund	958.49

By resolution of the Board of Governors, the Finance Committee is directed to transfer all interest from Reserve Fund to the General Fund of the Association.

(4) Reserve Fund

Transfer from General Accounts	\$25,000.00
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(5) Total Receipts

1956 receipts	134,348.21
1955 receipts	120,084.98

An increase of	<u>\$14,263.23</u>
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This was made up principally of the following items:

1. Increase in grants
2. National Convention 1956 slightly increased.
3. Sale of pamphlets, reports and printing was three times the amount of 1955.

Disbursements:**(1) Grants to Committees**

1956 grants amounted to	\$22,026.72
1955 grants amounted to	21,895.60

(2) Salaries of Staff

1956 —	\$30,930.24
1955 —	26,843.19

This represents the regular yearly increments and adjustments in personnel.

(3) Committee Expenses

1956 amount —	\$2,683.99
1955 amount —	1,553.48

(4) Board of Governors' Meeting Expenses

1956 expenses were —	\$11,736.28
1955 expenses were —	\$ 4,584.68

(5) Printing

The increased cost of printing should be considered against the increased revenue for this item.

FINANCE

(6) Trust Funds

These trust funds are for special purposes under trust deeds and cannot be used for other Association purposes.

(7) Bonds held by C.D.A. — see appended list, Appendix B.

(8) Audit of funds of different Committees appear in Auditors statement.

(9) Other figures presented in the Auditors statement appear self-explanatory.

(10) The Auditors Statement appears appended as Appendix A.

(11) The Budget Computations appear as Appendix C, showing 1956 actual, 1957 Budget, and space for 1958 Budget.

RECOMMENDATIONS:

1. As usual your Executive Committee spent considerable time studying this report and by motion, have given their approval of the following recommendations.
2. That the Auditors Statement for 1956 be approved.
3. That the same auditors, Thorne, Mulholland, Howson & McPherson, be reappointed.
4. That the appropriation for the Reserve Fund for the purpose of the budget should be changed from 5% to 10% of the annual budget.
5. That the amount of \$8,500.00 be transferred from the general funds to the Reserve Fund, this amount representing a previous loan to the Housing Fund from the Reserve Fund.
6. That the interest derived from Reserve Fund be placed in the said fund beginning January 1, 1957.

APPENDIX A
January 29, 1957

Dr. K. M. Johnson, President,
Canadian Dental Association,
Toronto, Ontario.

Dear Sir:—

We have examined the accounts of the CANADIAN DENTAL ASSOCIATION for the year ended December 31, 1956 and submit herewith the following statements:

Respectfully submitted,

THORNE, MULHOLLAND, HOWSON & McPHERSON
Chartered Accountants

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FINANCE

Balance Sheet December 31, 1956

Assets

General Account:

Cash on hand and in bank	23,715.01	
Prepaid expenses and air travel deposit	1,351.86	
Office furniture and fixtures	12,489.80	
Less Accumulated allowance for depreciation	7,080.00	5,409.80
		30,476.67

Housing Fund:

Cash on hand and in bank	5,570.73	
Prepaid insurance	97.50	
Land, 234 St. George Street, Toronto	5,100.00	
Building, 234 St. George Street, Toronto	68,111.26	
Less Accumulated allowance for depreciation	10,062.88	58,048.38
Furnishings and equipment	11,549.16	
Less Accumulated allowance for depreciation	6,562.28	4,986.88
		73,803.49

Dental Research Fund:

Cash in bank		6,395.53
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War Memorial Award Fund:

Cash in bank	106.49	
Government and government guaranteed bonds at cost (quoted market value \$7,514.00)	8,420.37	
Interest accrued on bonds	70.31	8,597.17

Council on Dental Education

Cash in bank		5,784.66
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The Grieve Memorial Lectureship Fund:

Cash in bank	161.74	
Government and government guaranteed bonds at cost (market value \$5,034.00)	5,348.13	
Interest accrued on bonds	52.08	5,561.95

Library Trust Fund:

Cash in bank	3,244.26	
Books	5,113.54	
Less Accumulated allowance for depreciation	4,073.35	1,040.19
		4,284.45

Reserve Fund:

Cash in bank	2,882.40	
Loan receivable from general account	8,500.00	
Government and government guaranteed bonds at cost (market value \$42,680.00)	45,668.75	
Accrued interest on bonds	364.07	57,415.22

Employees' Pension Account:

Cash in bank		3,887.09
		<u>\$196,206.23</u>

Balance Sheet December 31, 1956

Liabilities

General Account:

Accounts payable		664.43	
Loan payable to reserve fund		8,500.00	
Surplus:			
Balance, December 31, 1955	21,727.59		
Surplus for year 1956	8,084.65		
	29,812.24		
Less Loan payable to reserve fund trans-			
ferred from housing fund	8,500.00	21,312.24	30,476.67

Housing Fund:

Accounts payable		171.33	
Surplus:			
Balance, December 31, 1955	66,020.64		
Grant	1,000.00		
Loan payable to reserve fund transferred to			
general account	8,500.00		
	75,520.64		
Deficit from building operating for 1956	1,888.48	73,632.16	73,803.49

Dental Research Fund:

Accounts payable		24.50	
Surplus, December 31, 1955	9,480.00		
Deficit for year 1956	3,108.97	6,371.03	6,395.53

War Memorial Award Fund:

Surplus, December 31, 1955		8,542.35	
Surplus for year 1956		54.82	8,597.17

Council on Dental Education

Surplus, December 31, 1955		5,151.71	
Surplus for year 1956		632.95	5,784.66

The Grieve Memorial Lectureship Fund:

Surplus, December 31, 1955		5,559.70	
Surplus for year 1956		2.25	5,561.95

Library Trust Fund:

Surplus, December 31, 1955		5,409.98	
Deficit for year 1956		1,125.53	4,284.45

Reserve Fund:

Surplus, December 31, 1955		32,384.68	
Surplus for year 1956		25,030.54	57,415.22

Employees' Pension Account:

Account payable		3,865.10	
Surplus, December 31, 1955	5.15		
Surplus for year 1956	16.84	21.99	3,887.09
			<u>\$196,206.23</u>

FINANCE

AUDITORS' REPORT

We have examined the accounts of the Canadian Dental Association for the year ended December 31, 1956 and report that, in our opinion, the accompanying balance sheet and related statements of revenue and expenditure and receipts and disbursements present fairly the financial position of the Association as at December 31, 1956 and its financial transactions for the year ended on that date, exclusive of the accounts of the Committee on Publications, according to the best of our information and the explanations given us and as shown by the books.

THORNE, MULHOLLAND, HOWSON & McPHERSON
Chartered Accountants

GENERAL
STATEMENT OF REVENUE AND EXPENDITURE

Year ended December 31, 1956

Revenue

Grants from corporate members:

British Columbia	\$15,225.00
Alberta	10,025.00
Saskatchewan	5,375.00
Manitoba	5,850.00
Ontario	58,200.00
Quebec	21,525.00
New Brunswick	2,500.00
Nova Scotia	3,920.00
Prince Edward Island	680.00
Newfoundland	800.00
	\$124,100.00
National convention 1956	2,033.19
Transfer from reserve fund representing interest received on investments	1,041.25
Sale of pamphlets, reports and printing	6,909.77
Sundry revenue	264.00
	<u>\$134,348.21</u>

Expenditure

Grants:

Committee on Publications	\$14,500.00
Council on dental education	3,000.00
Dental research fund	3,500.00

FINANCE

Federation Dentaire Internationale	876.72	
Sundry grants	150.00	
		\$ 22,026.72
Officers and clerical salaries		30,930.24
Officers' and employees' pension plan		4,917.03
Unemployment insurance		193.88
Hospital insurance		127.05
Committee expenses (not including committees receiving grants)		2,683.99
Officers' expenses		4,698.59
Board of Governors meeting expenses		11,736.28
Legal and audit		565.00
Library expenses		114.50
Pamphlets, reports and printing		12,573.44
Housing fund, rent		4,320.00
Translations		45.00
Office supplies and miscellaneous expenses		2,359.69
Telephone and telegraph		591.45
Postage		2,131.72
Depreciation, office furniture and fixtures		1,248.98
Transfers to reserve fund		25,000.00
		126,263.56
Surplus for year, after giving effect to the transfer of \$25,000.00 to reserve fund		8,084.65
		\$134,348.21

HOUSING FUND
STATEMENT OF REVENUE AND EXPENDITURE
Year ended December 31, 1956

Revenue	
Rentals	<u>\$6,660.00</u>
Expenditure	
Repairs and maintenance	2,434.28
Taxes	767.82
Janitor	700.00
Heat	561.96
Gas and water	382.21
Light	550.36
Insurance	212.50

FINANCE

Audit	60.00
General expenses	21.65
Depreciation on buildings	1,702.78
Depreciation on furnishings and equipment	1,154.92
	8,548.48
Deficit for year	1,888.48
	<u>\$6,660.00</u>

Note:

The above statement of revenue and expenditure covers building operating items only and does not include a grant to this fund of \$1,000.00 which was credited directly to surplus.

DENTAL RESEARCH FUND
STATEMENT OF REVENUE AND EXPENDITURE
Year ended December 31, 1956

Revenue

Grant, Canadian Dental Association, from general account	\$3,500.00
Transfer from Canadian Dental Research Foundation	398.62
Bank interest	93.20
Donation	75.00
	<u>\$4,066.82</u>

Expenditure

Studentships	\$6,611.62
Reprints	327.54
Audit	25.00
General expense	211.63
	7,175.79
Deficit for year	3,108.97
	<u>\$4,066.82</u>

WAR MEMORIAL AWARD FUND
STATEMENT OF REVENUE AND EXPENDITURE
Year ended December 31, 1956

Revenue	
Bond interest	\$250.63
Bank interest and exchange	4.19
	<u>\$254.82</u>
Essay awards	\$200.00
Surplus for year	54.82
	<u>\$254.82</u>

COUNCIL ON DENTAL EDUCATION
STATEMENT OF REVENUE AND EXPENDITURE
Year ended December 31, 1956

Revenue	
Grants:	
Canadian Dental Association, from general account	\$3,000.00
W. K. Kellogg Foundation	1,565.00
	\$4,565.00
Bank interest	54.30
	<u>\$4,619.30</u>
Expenditure	
Council meeting expenses	1,367.92
Expenses re survey of dental schools	2,380.83
Conferences on dental education (teacher training courses)	237.60
	3,986.35
Surplus for year	632.95
	<u>\$4,619.30</u>

FINANCE

THE GRIEVE MEMORIAL LECTURESHIP FUND
STATEMENT OF REVENUE AND EXPENDITURE

Year ended December 31, 1956

Revenue

Bond interest	\$177.50
Bank interest	2.25
	\$179.75

Expenditure

Orthodontic Section of Canadian Dental Association	\$177.50
Surplus for year	2.25
	\$179.75

LIBRARY TRUST FUND
STATEMENT OF REVENUE AND EXPENDITURE

Year ended December 31, 1956

Revenue

Donations	\$ 19.90
Bank interest	31.48
	\$ 51.38

Expenditure

Binding books, journals, etc.	\$ 153.75
Depreciation on books	1,022.71
Bank charges	.45
	1,176.91
Deficit for year	1,125.53
	\$ 51.38

RESERVE FUND
STATEMENT OF REVENUE AND EXPENDITURE
Year ended December 31, 1956

Revenue	
Transfers from general account	\$25,000.00
Interest on bonds	1,064.00
Bank interest	7.79
	<u>\$26,071.79</u>
Expenditure	
Transfer to general account re interest	\$ 1,041.25
Surplus for year	25,030.54
	<u>\$26,071.79</u>

EMPLOYEES' PENSION ACCOUNT
STATEMENT OF REVENUE AND EXPENDITURE
Year ended December 31, 1956

Revenue	
Bank interest	\$16.84
Expenditure	
Surplus for year	\$16.84

GENERAL
STATEMENT OF RECEIPTS AND DISBURSEMENTS
Year ended December 31, 1956

Receipts	
Cash on hand and in bank, December 31, 1955	\$ 17,159.92
Grants from corporate members:	
British Columbia	\$15,225.00
Alberta	10,025.00
Saskatchewan	5,375.00

FINANCE

Manitoba	5,850.00
Ontario	58,200.00
Quebec	21,525.00
New Brunswick	2,500.00
Nova Scotia	3,920.00
Prince Edward Island	680.00
Newfoundland	800.00
	\$124,100.00
Transfer from reserve fund representing interest received on investments	1,041.25
Sale of pamphlets, reports and printing	6,909.77
National convention 1956	2,033.19
Sundry receipts	364.00
	\$151,608.13

Disbursements

Grants:

Committee on Publications	\$14,500.00
Council on dental education fund	3,000.00
Dental research fund	3,500.00
Federal Dentaire Internationale	876.72
Sundry grants	150.00
	\$ 22,026.72
Office furniture and fixtures	1,864.20
Air travel deposit	425.00
Officers and clerical salaries	30,930.24
Officers' and employees' pension plan	4,917.03
Unemployment insurance	193.88
Hospital insurance	127.05
Committee expenses (not including Committees receiving grants)	2,683.99
Officers' expenses	4,661.94
Board of Governors Meeting expense	11,736.28
National convention 1957	109.50
Legal and audit	565.00
Library expenses	125.66
Pamphlets, reports and printing	12,683.42
Housing fund, rent	4,320.00
Translations	45.00

FINANCE

Office supplies and miscellaneous expenses	2,404.42
Telephone and telegraph	596.69
Postage	2,477.10
Transfers to reserve fund	25,000.00
	127,893.12
Cash on hand and in bank, December 31, 1956	23,715.01
	<u>\$151,608.13</u>

HOUSING FUND

STATEMENT OF RECEIPTS AND DISBURSEMENTS

Year ended December 31, 1956

Receipts

Cash on hand and in bank, December 31, 1955	\$ 4,979.54
Grant:	
College of Dental Surgeons of the Province of Quebec	1,000.00
Rentals	6,660.00
	<u>\$12,639.54</u>

Disbursements

Reserve fund, payment on loan	\$ 1,500.00
Furniture and equipment	125.10
Repairs and maintenance	2,370.10
Taxes	767.82
Janitor	700.00
Heat	616.73
Gas and water	385.32
Light	522.09
Audit	60.00
General expenses	21.65
	7,068.81
Cash on hand and in bank, December 31, 1956	5,570.73
	<u>\$12,639.54</u>

FINANCE

DENTAL RESEARCH FUND
STATEMENT OF RECEIPTS AND DISBURSEMENTS
Year ended December 31, 1956

Receipts

Cash in bank, December 31, 1955	\$ 9,480.00
Grant, Canadian Dental Association, from general account	3,500.00
Transfer from Canadian Dental Research Foundation	398.62
Bank interest	93.20
Donation	75.00
	<u>\$13,546.82</u>

Disbursements

Studentships	\$ 6,611.62
Reprints	303.04
Audit	25.00
General expenses	211.63
	<u>7,151.29</u>
Cash in bank, December 31, 1956	6,395.53
	<u>\$13,546.82</u>

WAR MEMORIAL AWARD FUND
STATEMENT OF RECEIPTS AND DISBURSEMENTS
Year ended December 31, 1956

Receipts

Cash in bank, December 31, 1955	\$1,063.23
Bond interest	245.32
Bank interest and exchange	4.19
	<u>\$1,312.74</u>

Disbursements

Essay awards	\$ 200.00
Purchase of Province of Ontario Bonds, 4¼%, par value \$1,000.00 due May 15, 1974	1,006.25
	<u>1,206.25</u>
Cash in Bank, December 31, 1956	106.49
	<u>\$1,312.74</u>

COUNCIL ON DENTAL EDUCATION
STATEMENT OF RECEIPTS AND DISBURSEMENTS

Year ended December 31, 1956

Receipts

Cash in bank, December 31, 1955	\$5,151.71
Grants:	
Canadian Dental Association, from General account.....	\$3,000.00
W. K. Kellogg Foundation	1,565.00
Bank interest	54.30
	\$4,619.30
	<u>\$9,771.01</u>

Disbursements

Council meeting expenses	\$1,367.92
Expenses re survey of dental schools	2,380.83
Conferences on dental education (teacher training courses)	237.60
	3,986.35
Cash in bank, December 31, 1956	5,784.66
	<u>\$9,771.01</u>

THE GRIEVE MEMORIAL LECTURESHIP FUND
STATEMENT OF RECEIPTS AND DISBURSEMENTS

Year ended December 31, 1956

Receipts

Cash in bank, December 31, 1955	\$159.49
Bond interest	177.50
Bank interest	2.25
	\$339.24

Disbursements

Orthodontic Section of Canadian Dental Association	177.50
Cash in bank, December 31, 1956	161.74
	<u>\$339.24</u>

FINANCE

LIBRARY TRUST FUND
STATEMENT OF RECEIPTS AND DISBURSEMENTS
Year ended December 31, 1956

Receipts

Cash in bank, December 31, 1955	\$3,843.13
Books sold	21.10
Donations	19.90
Bank interest	31.48
	\$3,915.61

Disbursements

Books purchased	\$ 517.15
Binding books, journals, etc.	153.75
Bank charges	.45
	671.35
Cash in bank, December 31, 1956	3,244.26
	\$3,915.61

RESERVE FUND
STATEMENT OF RECEIPTS AND DISBURSEMENTS
Year ended December 31, 1956

Receipts

Cash in bank, December 31, 1955	\$ 796.14
Transfers from general account	25,000.00
Interest on bonds	1,041.25
Bank interest	7.79
Housing fund, payment on loan	1,500.00
	\$28,345.18

Disbursements

Bonds and debentures purchased:	
Government of Canada bonds, 3¼%, par value \$15,000.00, due October 1, 1979	\$14,300.00
Province of Ontario bonds, 4¼%, par value \$5,000.00 due May 15, 1974	5,012.50
Province of Nova Scotia debentures, 5% par value \$5,000.00 due December 15, 1973	4,962.50
Accrued interest on bonds purchased	146.53

FINANCE

Transfer to general account re interest	1,041.25
	25,462.78
Cash in bank, December 31, 1956	2,882.40
	<u>\$28,345.18</u>

EMPLOYEES' PENSION ACCOUNT STATEMENT OF RECEIPTS AND DISBURSEMENTS Year ended December 31, 1956

Receipts

Cash in bank, December 31, 1955	\$4,020.86
Contributions:	
Canadian Dental Association, from general account.....	\$4,416.78
Employees	1,389.12
	5,805.90
Bank interest	16.84
	<u>\$9,843.60</u>

Disbursements

Canadian Dental Association Pension-Assurances Plan	\$5,956.51
Cash in bank, December 31, 1956	3,887.09
	<u>\$9,843.60</u>

Note: Above cash in bank, December 31, 1956, includes \$3,865.10 which amount is payable to Canadian Dental Association Pension-Assurance plan.

LIST OF BONDS

APPENDIX B

GOVERNMENT AND GOVERNMENT GUARANTEED BONDS

December 31, 1956

RESERVE

Government of Canada

	Par Value	Amount Paid
3¼ June 1, 1976	\$ 1,000.00	\$ 990.00
3¼ June 1, 1976	2,000.00	1,997.50
3¼ Oct. 1, 1979	1,000.00	972.50
3¼ Oct. 1, 1979	10,000.00	9,750.00
3¼ Oct. 1, 1979	5,000.00	4,550.00

Province of Ontario

4% Dec. 15, 1961	3,000.00	3,000.00
4% Jan. 1, 1966/68	1,000.00	997.50

FINANCE

3% Sep. 1, 1965	4,000.00	4,000.00
4¼% May 15, 1971/74	3,000.00	3,000.00
4¼% May 15, 1971/74	2,000.00	2,012.50
Province of Quebec		
3% Oct. 1, 1963	500.00	500.00
4% Apr. 15, 1966	1,000.00	995.00
Province of British Columbia		
3% June 15, 1964	500.00	491.25
Province of Prince Edward Island		
4¼% Dec. 1, 1967	1,000.00	993.75
Province of New Brunswick		
3¼% Apr. 15, 1970	1,000.00	987.50
Province of Nova Scotia		
5% Dec. 15, 1973	5,000.00	4,962.50
Hydro-Electric Power Commission of Ontario (Guaranteed by Province)		
4¼% Jul. 15, 1969	2,000.00	1,985.00
3% Apr. 1, 1968/70	500.00	498.75
Canadian National Railways (Guaranteed by Gov. of Canada)		
3¼% Feb. 1, 1972/74	3,000.00	2,985.00
Totals as of December 31, 1956	\$46,500.00	\$45,668.75

WAR MEMORIAL BONDS

	Par Value	Amount Paid
Government of Canada		
3% Sept. 1, 1961/66	\$ 2,500.00	2,621.87
Province of Ontario		
3% Apr. 15, 1965	1,000.00	997.50
Province of Quebec		
3% Oct. 1, 1963	1,000.00	925.00
Province of Manitoba		
3% Feb. 15, 1967	1,000.00	993.75
Province of Nova Scotia		
3% Dec. 15, 1967	1,000.00	890.00
Hydro-Electric Power Commission of Ontario (Guaranteed by Province)		
3% Jan. 15, 1967	1,000.00	986.00

FINANCE

Province of Ontario

4¼% May 15, 1971/74	1,000.00	1,006.25
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Totals as of December 31, 1956	\$ 8,500.00	\$8,420.37
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GRIEVE MEMORIAL BONDS

Government of Canada

Par Value	Amount Paid
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3% Sept. 1, 1966	3,500.00	3,408.13
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3% Sept. 1, 1966	1,000.00	935.00
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Hydro-Electric Power Commission

of Ontario (Guaranteed by Province)

4¼% Nov. 1, 1964/67	1,000.00	1,005.00
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Totals as of December 31, 1956	\$ 5,500.00	\$5,348.13
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APPENDIX C

BUDGET FOR 1958

Revenue

	1956 Actual	1957 Budget	1958 Budget
Grants from Corporate Members:			
British Columbia	\$ 15,225.00	\$ 14,700.00	\$ 15,400.00
Alberta	10,025.00	9,775.00	10,100.00
Saskatchewan	5,375.00	5,275.00	5,375.00
Manitoba	5,850.00	6,125.00	5,850.00
Ontario	58,200.00	58,100.00	58,250.00
Quebec	21,525.00	17,500.00	20,720.00
New Brunswick	2,500.00	2,500.00	2,500.00
Nova Scotia	3,920.00	3,700.00	4,700.00
Prince Edward Island	680.00	500.00	750.00
Newfoundland	800.00	700.00	800.00
National Convention 1956	2,033.19	100.00	100.00
Transfer from Reserve Fund			
Representing Interest received			
on Investments (Bond Interest).....	1,041.25	800.00	
Sale of Pamphlets, Reports & Printing.....	6,909.77	1,000.00	1,000.00
Sundry Revenue (Associate Members)...	264.00	100.00	100.00
Total	\$134,348.21	\$120,875.00	\$125,645.00

FINANCE

BUDGET FOR 1958

Expenditure

	1956 Actual	1957 Budget	1958 Budget
Grants:			
Committee on Publications	\$ 14,500.00	\$ 14,500.00	\$ 14,500.00
Council on Dental Education	3,000.00	3,500.00	4,000.00
Dental Research Fund	3,500.00	5,000.00	5,500.00
Federation Dentaire Internationale	876.72	900.00	900.00
Sundry Grants	150.00	—	150.00
Contingency Fund	—	1,500.00	1,000.00
Officers & Clerical Salaries	30,930.24	35,700.00	45,000.00
Officers and Employees Pension Plan	4,917.03	4,300.00	5,000.00
Unemployment Insurance	193.88	200.00	200.00
Hospital Insurance (P.S.I. & Blue Cross)	127.05	375.00	150.00
Committee Expenses (not including committees receiving grants)	2,683.99	4,975.00	5,175.00
Officers Expenses and Fees	4,698.59	8,500.00	5,000.00
Board of Governors' Meeting Expenses	11,736.28	8,000.00	7,000.00
Legal and Audit	565.00	565.00	600.00
Library Expenses	114.50	200.00	200.00
Pamphlets, Reports & Printing	12,573.44	10,000.00	9,000.00
Housing Fund, Rent	4,320.00	4,320.00	4,320.00
Translations	45.00	750.00	750.00
Office Supplies & Misc. Expenses	2,359.69	3,000.00	3,000.00
Telephone and Telegraph	591.45	700.00	700.00
Postage	2,131.72	2,500.00	2,500.00
Depreciation, Office Furniture and Fixtures	1,248.98	1,000.00	1,000.00
Transfer to Reserve Fund	25,000.00	5,000.00	10,000.00
Total	\$126,263.56	\$115,485.00	\$125,645.00
Surplus	\$ 8,084.65	\$ 5,390.00	
			ADOPTED

COMMENT AND RESOLUTION

1. & 2. Information.

3. & 4. We strongly endorse the policy suggested in these paragraphs.

5. & 6. Information.

7. We have studied Appendices A. and B.

Comment on Financial Statement

This portion has been carefully studied and in our opinion presents an accurate statement of our financial position.

Recommmendations

1. Information.

2. Approved.

3. Agreed.

4. Whereas a reasonable reserve fund is fundamental to the stability of the Canadian Dental Association, and

Whereas the Association must be prepared to meet unforeseen emergencies, and

Whereas our Association is at least partially recognized by its financial standards, be it resolved

That 10% of the annual budget be set aside in the reserve fund.

ADOPTED

5. Agreed that this action be taken.

6. We concur.

The Finance Committee is to be heartily congratulated on their excellent report and thanked for the tremendous amount of effort and thought which has been put into this work.

We recommend the adoption of the Report of the Finance Committee and the resolution herein contained.

APPROVED

AUXILIARY SERVICES

MEMBERS OF AUXILIARY SERVICES COMMITTEE: *R. A. Rooney, Chairman, Edmonton, Alta.; H. R. MacLean, Edmonton, Alta.; A. M. Revell, Edmonton, Alta.*

REPORT

1. For the first time in several years, this Committee has no report of any direct application by illegal technicians or labs for legislation permitting direct dealings by such labs with the public, except for one approach, apparently successful, in a minor and peculiar way, in New Brunswick, which will be explained later. We may take what comfort we can from this situation, with the full knowledge that it is only temporary and that they are merely gathering their forces for a more formidable and concerted attack in the near future, even though we must report that the illegal labs have endured some setbacks during the year but have also made some progress, supported in a peculiar way, though certainly unwittingly, by members of the dental profession.

2. In three of the four western provinces, Manitoba, Alberta and British Columbia, illegal labs appear to have established a somewhat loose organization which holds periodic meetings in each province. They call themselves the Western Canadian Public Denturists, thus have also added a new word to the English language.

British Columbia:

3. As reported last year, the Government of British Columbia set up a committee, under the Department of Health, to study the situation created by Bill 121 presented to the 1956 legislature by the illegal dental labs asking special privileges. This committee was chaired by Dean W. H. Chant, Department of Education, University of British Columbia, with a departmental secretary. Members of the committee were two representatives from the College of Dental Surgeons of British Columbia, two from the ethical laboratory association and two from the illegal lab group. The report was released last Fall and is a confusing document. It attempts to assess the reasons for the operations of the illegal labs and, in the opinion of the chairman, these appear to be:

- (1) That remuneration for technicians is such that some must supplement their earnings by working directly for the public, contrary to the Dental Act.
- (2) That the remuneration for technicians is not at a commensurate level with the skill required nor at a comparable level with that paid for most skilled trades.
- (3) That in the past the profession has not given much attention to the status and qualifications of the craft.

- (4) That demand exists from the public for prosthetic appliances supplied by technicians.
- (5) That the spread in cost between professional fees for dentures and the charges made by technicians indicates that the public believes comparable services can be obtained from labs for less money.
- (6) That for economic and other reasons, some technicians are reluctant to remain in a subsidiary relationship to the profession.

4. The chairman is careful to declare that the actions of the illegal mechanics cast no personal aspersions on them nor on their competency but he also says that, if the illegal labs were permitted to make dentures for the public, there is no assurance that the charges made by them would not become comparable to those made by the dentist.

5. The report proposes that the two groups of technicians should find some common ground for working to the ultimate advantage of both and points out that the Government would be unlikely to consider any action except for a unified group. He recommends that they should set up a joint representative committee to study the problem.

6. The report also recommends a course of training for technicians as essential to ensure public welfare and the status of the craft, such training to be provided under the proposed Faculty of Dentistry when or if established at the University of British Columbia.

7. It recommends that the dental profession should give support to any move that would improve the status and the economic conditions of the ethical technicians.

8. The chairman then dwells at considerable length on the question of denture repairs, stating that he believes certain clean fractures "can be handled more cheaply and more expeditiously by a direct contact between the patient and the technician" and gives, as his opinion, that a considerable part of the reasons back of the introduction of Bill 121 was to legalize such an arrangement, apparently unaware that it is legal at present for anyone to repair a denture, provided no contact with the patient is made.

9. The chairman then goes on to present a draft for a bill establishing a board of dental technicians with representatives from each group but making no provision to present any group gaining control of such board, nor for representation of dentistry on the board. The chairman would be appointed by the Lieutenant Governor-in-Council.

10. The board would then negotiate with the University of British Columbia regarding courses of training for technicians, for setting up entrance standards, for issuance of diplomas of competency, the holders of which would be designated as dental technicians, and for formulating regulations governing its actions.

AUXILIARY SERVICES

11. The report, Mr. Chairman, is too long to discuss here in detail but is attached as Appendix A. and forms part of this report for study by and information of any reference committee.

12. The Honourable Mr. Martin requested the College of Dental Surgeons of British Columbia for comment on the report which is attached as Appendix A. 1. The College made the following basic comments:

- (1) Accepting Dean Chant's assessment of the unlikelihood of getting more stringent legislation, the College asks for greater cooperation of urban law enforcement officers in enforcing the Dentistry Act.
- (2) That there is little hope of reconciling the two groups of technicians nor does the College accept Dean Chant's plea that economic conditions have forced the illegal mechanics to so operate and that the profession should try to rectify the situation.
- (3) The College accepts the principle that the establishment of formal training courses and the institution of some sort of accrediting program might help control illegal practice.
- (4) That for any such training program, the prospective Faculty of Dentistry of the University of British Columbia should be the controlling body and supply the teaching staff.
- (5) The College quotes at length an article on the training of dental technicians in Sweden by the director of the 'State school of dental technology', Gothenberg, Sweden, outlining the technician problem as it has existed in Sweden and as it is now controlled there, since 1947, where technicians are taught at schools of technology attached to colleges of dental surgery. Indications, so far, are that gradually a well trained body of technicians will be developed with a better understanding of their proper relations to the profession, since these schools should be supervised and instruction given by dentists.
- (6) That, if any regulating body for technicians be set up, the profession must be represented.
- (7) That competent technicians will receive commensurate remuneration, as in any business dealings where services are the commodity.
- (8) Recommends some form of accreditation of labs and technicians with the ultimate hope of incorporating a technicians' body with necessary regulations and control.

13. Because the Council of the B.C. College had been so intimately associated with the departmental committee, it seemed desirable to have the viewpoint of another group, conversant with the situation but with a more detached attitude. To that end, a Vancouver group agreed to act and their report is attached as Appendix B. Then, since Manitoba was faced with a

similar problem, a subsidiary committee was also organized in Winnipeg and both have presented interesting reports.

14. The Winnipeg report which is attached as Appendix C, is an elaborate systematic refutation of the basic contentions in the Chant report, point by point, well worth careful study in relation to the subject.

15. The report of the Vancouver sub-committee, on the other hand, is very short. The final paragraph reads: "We are therefore forced to the conclusion that the author of the report couched his findings in the vaguest possible terms."

16. The report of the departmental committee and the sub-committee are appended as part of this report. The comments of the B.C. Council are attached to the departmental report.

17. Conclusion of Auxiliary Services Committee

This committee cannot agree with the findings of the chairman, Dr. Chant:

- (1) That the profession has not given proper recognition to the status and qualifications of the craft. (These requirements are established by the individual technician's demonstrated ability to provide adequate services).
- (2) That the remuneration for technicians is the responsibility of the profession. (The technicians establish their own schedule of charges.)
- (3) That the low pay is responsible for some technicians working illegally. (The mental attitude towards the law and the lure of greater gain is the dominating factor. We acknowledge that there is a public demand for dentures based on price only through lack of knowledge by the public of what is required for proper denture service.)
- (4) That the two groups of technicians should form a single corporate body. (The mental attitude of the two groups towards their work is too opposed at present to make such fusion possible).

18. We agree with the opinion of the Vancouver sub-committee that the report of the departmental committee is purposely vague. We cannot understand how it could be otherwise considering the subject under study and the circumstances. We approve the principle of establishing training courses for technicians but do not believe that such training is any part of a University obligation. Such courses might, however, be developed as an adjunct to a dental school for reasons of convenience and availability of teaching staff. The subjects should be chosen carefully to cover a broader field than vocational schools usually supply because we believe that a broader knowledge would tend to lessen illegal activities.

19. Your Committee believes that it is hopeless to try to work out any plan of cooperation with the illegal labs for reasons that are very apparent. (See

AUXILIARY SERVICES

attached letter from the Secretary, Dental Technicians Society of B.C. — Appendix D.) On the other hand, every effort should be made to support and assist the ethical labs by any possible means and would suggest that the Council of the B.C. College study a system of accreditation of such labs. In this arrangement there is a mutual support and understanding that can be of inestimable benefit with both groups assuming responsibilities. Accreditation is an established principle in the United States for some years.

20. Alberta

For 24 years Alberta has had to contend with a situation whereby, under provisions of the Health Act, a peculiar association is permitted between a dentist and laboratories. In spite of repeated efforts, the Alberta Board has been unable to get the Legislature to rescind this legislation. In practice, it permits a dentist, to protect illegal practitioners in their operations and, because of the regulations, prosecution of such laboratories is very difficult to obtain.

21. Since there was no possibility of having the ethical laboratories incorporated, **the most effective means of control**, the Board, after careful consideration, decided to establish an accreditation plan in cooperation with, and the approval of, the Laboratory Association. The organization set up in New Hampshire a couple of years ago seemed to offer the best arrangement. Under this plan, the laboratories agreed to establish and maintain standards of conduct and qualification to a high degree and a joint accreditation regulating board is established with two members each from the profession and the craft. They elect a chairman and provision is made for an arbitration board in case of any dispute. The profession, on its part, undertakes to urge its members to patronize only those labs which are members of the Laboratory Association and subscribe to the accreditation principles.

22. Such an arrangement can be organized either on a provincial or local basis but in Alberta it is established provincially and has been operating for about a year, so far with excellent results and no problems are anticipated for the future.

23. While the plan is entirely voluntary, there has been developed a mutual consideration and understanding that did not exist before and a spirit of fellowship has appeared which augurs well for the future operations.

24. Your committee suggests, that, where there is a problem through lack of government understanding and cooperation, provincial Boards should study an accreditation plan and consider the advisability of establishing the arrangement with organized, ethical laboratories. It is, we believe, to the mutual advantage of each group. There are several plans operating in the United States but the New Hampshire establishment seems to offer the most acceptable arrangement.

Saskatchewan:

25. The Committee has information from the secretary of the Saskatchewan Council that the ethical technicians — and they have few of the other kind — in that province were preparing an application for incorporation for presentation to the Legislature at the 1957 Session. Apparently it was found to be either inadvisable or impossible to make such application at that time.

Manitoba:

26. In Manitoba, the 1956 session of the Legislature, after much pressure instructed the University of Manitoba to study the establishment of a Dental School in the University. The Minister of Education, the Honourable W. G. Miller appointed Dr. K. J. Paynter to make a survey. He was asked also to study the laboratory problem in the province and make suggestions that might offer a solution. Excerpts from Dr. Paynter's report are attached as Appendix F.

27. In due course, Dr. Paynter presented an exhaustive and excellent report, in which he reviewed the situation respecting dentistry in the province, setting out the present relations and ratios of dentists to population with estimates on future needs. With some of his conclusions relating to the demand for service and his anticipation of future needs, this Committee cannot agree.

28. Dr. Paynter is recognized as a competent man and his proposals will receive consideration on that basis. Dentistry must have an answer. This Committee recommends, therefore, that the Canadian Dental Association set up a full study of the proposals on whatever basis seems most efficient.

New Brunswick:

29. Last year the illegal mechanics in New Brunswick presented two bills to the Legislature asking special privileges. Both bills were lost in committee.

30. This year, the ethical laboratories presented a Bill, modelled on the Ontario Technicians' Act, asking for incorporation. This application was opposed by the illegal group, represented principally by three individuals who, we understand, have been operating freely in the province over a considerable period of years and have become well established. They constitute the backbone of the illegal group.

31. In committee, the solicitor for these individuals argued that the provisions of the Bill should not properly apply to them since they had proven their abilities for many years and should be exempted. Available information through the secretary of the New Brunswick Society, indicates that the Bill itself was approved with only minor changes, except that an overriding clause was inserted providing, in effect, "that the provisions of the Act shall not be, deemed to apply to the three individuals mentioned" and their names were given.

32. This is, indeed, a most unique provision under British law: exempting

AUXILIARY SERVICES

specific individuals from regulation under provincial statute. There may be some question of the validity of such discriminatory legislation.

33. Last year, the New Brunswick Society obtained an injunction against one of these persons from the Supreme Court, enjoining him from practicing dentistry. This decision was appealed and the appeal refused several months ago. It remains to be seen how the Supreme Court's decision will reflect on the above mentioned legislation.

34. The advantages and disadvantages of the New Zealand Dental Nurse Plan are attached to this report as Appendix E for the information of the Board of Governors.

35. Your Committee, Mr. Chairman, wishes to express its thanks for the help given in organizing material necessary for compiling this report to many people: to Dr. Gullett for feeding items and information that might not otherwise have been available, to the sub-committees in Vancouver and Winnipeg who so willingly agreed to and did give such careful thought to the B.C. departmental report, to the provincial secretaries who reported so promptly on matters within the purview of this Committee, and, personally, I wish to show appreciation to the other members of this Committee, Dr. H. R. MacLean and Dr. A. M. Revell, both of Edmonton.

N.B.—Appendices are not printed in these Transactions but are available at C.D.A. Headquarters on request.

COMMENT, RECOMMENDATIONS AND RESOLUTIONS

We have studied this highly informative report and beg to report as follows:

1. & 2. Information.
3. (1) - (6) Information.
4. - 10. Information.
11. Agreed.
12. - 16. Information.
17. (1) Agreed.
(2) Agreed.
(3) Agreed.
(4) Agreed.
18. - 21. Agreed
22. Informative.
23. Noted with interest.
24. Information. We recommend:

“That the Committee on Auxiliary Services prepare a plan whereby the criteria of an accreditation program may be presented for the information of the Board of Governors.”

ADOPTED

25. - 27. Information.
28. Agreed.
29. - 33. Noted with interest.
34. Noted.
35. We agree wholeheartedly with the sentiments expressed and wish to thank Dr. Rooney for an excellent report.

We wish to present two resolutions which were passed unanimously:

- (a) Whereas the vocation of dental technician was initiated by the dental profession to fill a need, and
Whereas the product of the dental technician is complementary to the practice of dentistry, and

AUXILIARY SERVICES

Whereas the public is served advantageously through mutual understanding and cooperation between dental technicians and members of the dental profession, and

Whereas the practice of dentistry depends to a considerable extent upon a mutually satisfactory state of affairs among dental technicians as a group, therefore be it

Resolved that the Canadian Dental Association support efforts by or on behalf of dental technicians which have as their goal an improved ethical relationship between dentists and dental technicians, and further

That the Canadian Dental Association lend support to legislative efforts by dental technicians when such efforts are directed toward ethical and legitimate objectives, and further

That this Association oppose all efforts of a legislative nature designed to permit the actual practice of prosthetic dentistry by other than fully trained and qualified personnel, and further

That this Association support those measures designed to give stability to the vocation of dental technician, and furthermore

That the Canadian Dental Association hereby officially do recognize the valued contribution of dental technicians toward the betterment of dental health, through their services to the dentist, for the Canadian public.

ADOPTED

- (b) Whereas there is an acute need for a Statement of Policy concerning Auxiliary Personnel in respect to (a) types (b) training, and (c) relationship to the Dental Profession, therefore be it

Resolved that a Canadian Dental Association Statement of Policy concerning Auxiliary Personnel be prepared at the earliest possible moment at the direction of the Executive.

ADOPTED

We move adoption of the Report of the Auxiliary Services Committee.

APPROVED

MEMBERS OF BY-LAWS COMMITTEE: *J. Stanley Bagnall, Chairman, Halifax, N.S.; G. L. Cameron, Ottawa, Ont.; S. A. Moore, London, Ont.; Harold M. Cline, Vancouver, B.C.*

REPORT

1. Resolved: that article V of the Constitutional By-laws be amended by deleting the word "TWO" at the end of line 3 and substituting therefore the word "FOUR".
2. The effect of this amendment will be to increase the size of the Committee from the present five to the proposed seven. The composition will then consist of: President, President-elect, Immediate Past President and four other members.
3. This change has been under consideration for some time and has had a trial run during the current period by co-opting two additional Board members to the Executive at the last meeting.
4. The Executive is responsible for the conduction of the actual business of the Association and also for making decisions between meetings of the Board of Governors. The size of the present Executive has been found to be not large enough to deal with the greatly increased activities of the Association. Further, it is a too rapidly changing body to make for the efficient consideration of long range planning and development of the Association.
5. Resolved: That Sect. 6, Clause IV of the Administrative By-laws be deleted and substitute therefore the following amendment: Sect. 6. The Secretary-Treasurer shall be appointed by the executive committee for such period and on such terms as to the committee shall seem advisable, provided that such appointment shall be subject to confirmation or reversal by the Board of Governors at the annual meeting next succeeding such appointment.
6. The wording of the above amendment has been approved by the Association solicitor. Our committee is in full sympathy and approval of the need for revision of this section in order to meet the changed conditions which have made it advisable and necessary to depart from the year to year basis originally set out in the By-laws.
7. A change in the By-laws as suggested above then makes necessary some change in Clause XII, which deals with the "Application of Funds". In this clause, Sect. 1 makes provision for salary or remuneration to *officers* of the Association on authority of the *Board of Governors*; while Sect. 3 authorizes the *Executive Committee* to determine the salary or remuneration of persons employed by the Executive Committee.

BY-LAWS

- 8. The solicitor for the Association has recognized the fact that the practice has been for the Executive Committee to engage the Secretary and settle the matter of his remuneration pursuant to the provisions of Sect. 1. He therefore suggests, instead, an addition to Sect. 3, Clause XII of the Administrative By-laws in order to provide the necessary authority.
- 9. Resolved: That Sect. 3, Clause XII of the Administrative By-laws be amended by adding at the end of the sentence, after the words: "purposes of the Association" the following: "and notwithstanding the provision of Sect. 1 shall determine the salary or remuneration of any officer of the Association who is engaged on a full time basis."
- 10. Further, if Sect. 3 is changed in this way there does not then seem to be any need for the existing Sect. 1, as there would now appear to be a measure of conflict between Sects. 1 and 3. There is the implication that some such wording as: "Other than an officer of the Association" was implied after the word "person" in line 3, as it now exists in the By-laws
- 11. If Sect. 3 is amended in accordance with the suggestion contained in para 11 then it is rather difficult to visualize any further need for the present Sect. 1. This would lead to deletion of the present Sect. 1 and renumbering the present Sects 2 and 3, to Sects. 1 and 2 together with the deletion from the above amendment given in para 9 above, the words: "notwithstanding the provisions of Sect. 1".
- 12. Our Committee appreciates that it is not possible this year to present the kind of clear cut report which we would like to present. This year with the relatively early annual meeting only a short time is available for consultation between the dates of the Executive meeting, on the one hand, and the limitations presented by the necessity of the three-month notice of amendments to the Corporate members on the other hand.
- 13. The Committee on Housing, in their 1956 report, made a recommendation that: The title "Housing Committee" be changed to read: "Board of Trustees", with Terms of Reference unchanged unless it was necessary. A recommendation of the committee on the Report was that the Executive consider the renaming of the Committee in more appropriate terms. This committee considers that the name "Board of Trustees" is too indefinite as to the duties covered and also departs from the principle laid down several years ago that all committees of the Association should be named, if at all possible, in a common manner using the terminology: Committee of/on
- 14. The Executive Committee at the February meeting of this year, with the Chairman of the Housing Committee present, adopted a resolution that the name "Housing Committee" should be changed to "Committee on Headquarters Property."

15. We note that certain changes and clarification in the Terms of Reference of the Nomenclature Committee were recommended and approved at the last meeting and merely include them in this report for record.
16. The duties of this Committee shall be:
 - (1) To clarify certain principles of nomenclature.
 - (2) To act as consultant on nomenclature.
 - (3) To be responsible for recommending the systematic naming of objects or conditions, but not to frame these definitions. The latter is the responsibility of the dental profession.

APPROVED UNANIMOUSLY

MOTION: Anderson - Miller:

THAT Clause XII section 1, of the Administrative By-laws be deleted and THAT section 2 and 3 be numbered 1 and 2 respectively.

ADOPTED UNANIMOUSLY

This Report appears as amended by the Board of Governors.

CONVENTION

MEMBERS OF '57 CONVENTION COMMITTEE: *J. B. Rumberg, Chairman, Joint Convention, Winnipeg, Man.; K. M. Johnson, President, C.D.A., Winnipeg, Man.; W. J. Riley, President, W.C.D.S., Winnipeg, Man.; F. W. Jones, Secretary, Winnipeg, Man.; W. F. MacKenzie, Treasurer, Winnipeg, Man.; J. O. Brown and M. J. Averbach, Co-Chairmen Speakers Com., Winnipeg, Man.; N. C. Carmichael, Chairman, Reception, Winnipeg, Man.; John Abra, Chairman, Convocation, Winnipeg, Man.; T. J. Cooke, Chairman, Table Clinics, Winnipeg, Man.; B. A. Oja, Chairman, Luncheons, Winnipeg, Man.; N. A. Winograd, Chairman, Hotel, Winnipeg, Man.; M. J. Snidal, Chairman Exhibitors, Winnipeg, Man.; J. P. Beattie, Chairman, Program, Winnipeg, Man., Scott Norquay, Chairman, Sports, Winnipeg, Man.; Jack Warriner and A. J. Shinoff, Co-Chairmen, Entertainment, Winnipeg, Man.; K. A. Routley and G. Campbell, Co-Chairmen, Publicity, Winnipeg, Man.; W. F. MacKenzie, Chairman, Finance and Registration, Winnipeg, Man.; R. Luke, Chairman, Technical Arrangements, Winnipeg, Man.; G. Merkeley, Chairman, Hobbies, Winnipeg, Man.; W. Ivan Jackson, Chairman, Liaison, Winnipeg, Man.; A. W. Phin, Chairman, Transportation, Winnipeg, Man.; D. W. Gullett, Toronto, Ont.; L. D. Haselton, Saskatoon, Sask.; J. C. Ward, Edmonton, Alta., W. K. Martin, Regina, Sask.*

REPORT

1. The following is a report of the plans and arrangements which have been made for the Joint Convention of the Canadian Dental Association and the Western Canada Dental Society to be held at the Royal Alexandra Hotel in Winnipeg, June 23, 24, 25 and 26, 1957.
2. The personnel of the Joint Committee is as above.
3. The meeting of the Board of Governors of the Canadian Dental Association is to be held on June 19, 20, 21 and 22, 1957. This meeting is to take place at the Royal Alexandra Hotel, Winnipeg, Man., prior to the Joint Convention of the C.D.A. and W.C.D.S. Four meeting rooms have been reserved, one with a comfortable capacity for the entire Board, and three committee rooms. Since it has been stressed on numerous occasions that these meetings are open to any member of the C.D.A., any of the above mentioned rooms will accommodate many more than the actual committee personnel. In addition to these rooms, an office has also been set aside which will continue, after the Governors meeting as the Joint Convention Office.
4. While the Convention Committee has spent its efforts in the planning for the Joint Convention, I have been instructed to offer to the President of the C.D.A., the Executive and to the Board of Governors the use and hospitality of our Committee to help toward an enjoyable and fruitful governors meeting.
5. In the very early plans for the Joint Convention, two principal objectives were set down.
 - (a) More time to be allotted to the Social portion of the Program, and somewhat less to the Scientific than in former years.

- (b) A complete program that would allow for more relaxed and unscheduled hours.

6. As this report unfolds it will be found that we have certainly blended the program well between the Scientific and the Social, but in doing so, the second objective has not been as well fulfilled.

7. Speakers

The scientific portion of the program includes the following essayists and clinicians.

- (i) DR. VINCENT TRAPOZZANO, St. Petersburg, Florida
Subject: "Full Denture Prosthesis"
- (ii) DR. S. C. MILLER, New York City, N.Y.
Subject: "Periodontia for the General Practitioner"
- (iii) PROF. RALPH W. PHILLIPS, Indianapolis, Ind.
Subject: "Common causes of failure in Restorative Dentistry"
- (iv) DR. HOLLY HALDERSON Associate Professor and Director of graduate Dept. of Orthodontics, University of Toronto.
Subject: Grieve Lectureship in Orthodontics under the sponsorship of the Orthodontic Section, C.D.A.
- (v) DR. DON BELLINGER Saginaw, Michigan has accepted the invitation of the Canadian Society of Oral Surgeons to present an essay on "Benign Tumors of the Oral-Facial Region."

The Canadian Society of Dentistry for Children had made a request for time on the program long after all the available time had been filled. However an attempt will be made to allow some space during the Table Clinic session.

8. Table Clinics

This committee reports that more than thirty table clinic presentations will be made of an interesting and up-to-date variety. In addition, prominent space has been allotted for the continuous exhibits sponsored by the C.D.A., Dept. of National Health and Welfare and the Royal Canadian Dental Corps. Space here will also be available for the administrator of the C.D.A. Pension Insurance Plan if the invitation from this committee is accepted.

9. Commercial Exhibits

All available space has been contracted and it is expected that a net revenue of two-thousand dollars will result from this project. A coffee counter, serving free coffee and sandwiches and sponsored by one of the major super-market companies is to be erected in the exhibit hall.

10. Program

The program bulletin is to be well classified so that easy reference can be made. Enough advertising has been sold to cover costs of publishing.

11. Luncheons

- (a) The C.D.A. Luncheon and Annual Meeting will take place on

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Monday, June 24th, where the President, Dr. K. M. Johnson will preside and deliver the annual message.

- (b) The W.C.D.S. Luncheon will take place on Tuesday, June 25th, where Dean Gerald Timmons will present his report. In addition Life Memberships to the W.C.D.S. are to be presented to Dr. J. F. Morrison of Winnipeg and Dr. L. J. D. Fasken of Regina as a tribute for their many years of service to the profession in their respective Provinces.
- (c) The Luncheon on Wednesday, June 26th, is being sponsored by the Government, Province of Manitoba. Dr. K. M. Johnson, President of the C.D.A. will preside and will present Mr. Balding, representative of the British Dental Association as the guest speaker.

12. Social Program

- (i) *Sunday Evening Reception* — June 23rd is planned with informality the keynote. Music and light refreshments are to be provided.
- (ii) *Hospitality Night* — June 24th. This is one of the features of the Convention, designed so that all those registered will have the opportunity of meeting socially within smaller groups. Thirty Winnipeg homes of dentists and their wives will be used for supper parties. This is to be held on the first evening, Monday June 24th.
- (iii) *Convocation* — June 25th. The Canadian Dental Association and The Western Canada Dental Society have been honoured by the University of Manitoba to participate with them in a Convocation to be held on Tuesday, evening June 25th. Honorary Doctorate degrees will be conferred upon three dentists who have made notable contributions to dentistry. Properly handled, and we hope to be able to do that, such an event can mean much from a public relations point of view. A reception, jointly sponsored by the Manitoba Dental Association and the Winnipeg Dental Society will follow the Convocation.

For some months now we have been anticipating that at the 1957 Manitoba Legislature the establishment of a School of Dentistry would be announced by the Manitoba Government. This announcement has been made within the past few months. With this in mind our theme for the Convention centered around "back to school" idea. The Convocation is also the result of this idea and the *President's Ball* is backed entirely by this theme. While the after dinner program will be brief, the guest speaker will be Mr. Justice Samuel Freedman of the Court of Queens Bench. Dr. J. B. Rumberg, Joint Convention Chairman will preside. The dance to follow will further carry out the theme.

13. Publicity

A sustained series of publicity letters were started early in February and will continue on right through to Convention time. Two of these letters were provided for by the Manitoba Government with material about tourist attraction in Manitoba in addition to convention material. Another was sent by the Canadian Pacific Railway and these meant a considerable saving in printing and mailing costs. We have had very favourable comments about the publicity and seemed to have done a great deal toward increased advance registrations. *Registration Fee* is to be thirty-five dollars which will include the costs of Luncheons and the President's Ball.

14. Dental Nurses and Assistants

The Dental Nurses and Assistants have their plans well under way. Close liaison with our Committee is being kept. Some space has been allotted to them for their table clinics along with our own and their members are invited to participate fully.

15. Ladies Committee

The Ladies committee will have a registration fee of five dollars which will cover a program designed to keep all the ladies busy and happy. The events will include:

- (1) A Koffee Klatch on Monday morning.
- (2) A Trans-Canada Airlines tour over Winnipeg and region.
- (3) A Luncheon and Entertainment at the Glendale Country Club.
- (4) A Wednesday Coffee Party.
- (5) A lovely souvenir to each lady attending.

16. Some committee activities have not been mentioned in this report, but these are of a nature that take place at the Convention itself. It is sufficient to say that all committees are working diligently and are looking forward sincerely to act as host to the Joint Convention of the C.D.A. and W.C.D.S.

17. We are deeply appreciative of the ready assistance that Dr. Don Gullett gives us in helping to solve our problems as they arise.

18. The Budget is attached as Appendix A.

Appendix A

BUDGET FOR THE C.D.A. AND W.C.D.S. JOINT CONVENTION 1957

Estimated Revenue

Exhibit space	\$ 2,000.00
Grant Manitoba Government	1,000.00
Registration Fees (350 at \$35.00 ea.)	12,250.00
	\$15,250.00

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Estimated Expenditures 1957

Hotel Rooms, Halls, etc.	\$ 1,800.00
Hotel Expenses, Entertainment, Gratuities, Luncheon, Banquet, etc.	7,000.00
Program Expenses-Badges, Ribbons, Typewriter Rental, etc., Stenography, Mimeograph, etc.	500.00
Publicity	400.00
Accommodation — Committee Expense	300.00
Flowers	100.00
Postage — Excise Bank Charges	50.00
Clinicians Honoraria and Expenses	1,800.00
Executive Meeting Expenses	400.00
Exhibit Committee and Souvenir Expenses	300.00
Ladies Committee Expenses	500.00
Printing and Stationery	200.00
Treasurers Bond	20.00
Technical Arrangements	200.00
Golf Committee expenses and prizes	200.00
Grant, Canadian Dental Nurses and Assitants	500.00
Auditors Fees	200.00
Film Rental, Telephones, Telegraph	100.00
M. H. Garvin Scholarship Fund	200.00
	\$14,770.00
Revenue	15,250.00
Expenditures	14,770.00
Surplus	\$ 480.00

COMMENT AND SUGGESTIONS

- 1. & 2. Informative.
- 3. We fully appreciate the arrangemnts the Convention Committee has made for the accommodation of the Board of Governors meetings.
- 4. Informative.
- 5. (a) & (b) We suggest that the Convention Committee should feel the pulse of the members of this Convention regarding both the social and scientific aspect of the program.
- 6. Noted.
- 7. We commend the Committee on their selection of essayists and clinicians.
- 8. Noted.
- 9. Informative.
- 10. Noted.

11. (a) (b) & (c) Informative.
12. (i) Informative.
 - (ii) A vote of thanks and congratulations to the dentists' wives should be in order for all the trouble they go through to make us feel "At Home" Monday, June 24th.
 - (iii) The Manitoba Dental Association and the Winnipeg Dental Society should be highly commended for arranging a reception following the Convocation.
13. We congratulate the Publicity Committee on the way they publicized the Convention, and also suggest that in the future the Chairman of this Committee should always keep in touch with both Editors — French and English.
14. Informative.
15. We wish to convey our thanks and congratulations to the ladies committee on the organization of their social function.
16. & 17. Noted.
18. The Chairman of the Convention Finance Committee surely deserves credit for the presentation of this Budget.

We wish to extend our appreciation and congratulations to the General Chairman and the Chairmen of the various Committees, and all those who have contributed in the making of such an interesting program.

We recommend the adoption of the report of the Convention Committee with the suggestions above mentioned.

APPROVED

MEMBERS OF THE COUNCIL ON DENTAL EDUCATION: *Roy G. Ellis, Chairman, Toronto, Ont.; Harvey W. Reid, Toronto, Ont.; J. D. McLean, Halifax, N.S.; J. McCutcheon, Montreal, P.Q.; Wm. Miller, Vancouver, B.C.; J. A. Fortier, Montreal, P.Q.*

REPORT

1. (a) A meeting of the Council was held at the Canadian Dental Association Headquarters, January 21 and 22, with full membership present. By invitation the following were also present: Dean A. C. Lewis, Consultant to the Council; Mr. Reginald Sullens, Assistant Secretary, Council on Dental Education, American Dental Association; Dr. Harry K. Brown, Department of National Health and Welfare, Ottawa; and Dr. W. J. Dunn, Editor of the *Journal of the Canadian Dental Association*.

(b) The following presented reports to the Council on items on the Agenda. Mr. J. C. Evans, Registrar, University of Toronto; Dr. G. Nikiforuk, Dr. D. M. Tanner, Dr. J. H. Johnson.

(c) Since the last meeting of the Council in April, 1956, Dean Ernest Charron, a former valued member of the Council has been ill and an appropriate message of encouragement was sent by the Council to Dean Charron.

2. Students Register

A slight increase (16) in the number of students registered in Canadian dental schools was noted for the January 1, 1957 figures over those reported on January 1, 1956. The new figure of 785 is the highest since session 1950-51. It should be pointed out however, that the number of graduates for 1956 was the lowest since 1948. Canadian students in dental schools in the United States totalled 39, while 42 United States students are attending Canadian dental schools. It was emphasized that no increase in the annual graduation list can be expected until dental school facilities are increased.

3. Extension — Teaching Facilities

The Chairman of this subcommittee, Dr. Wm. Miller reported that:

- (a) The construction of a new dental building for the Faculty of Dentistry at Dalhousie University is expected to be completed by the end of 1957.
- (b) Considerable progress has been made toward the establishment of a new Faculty of Dentistry at the University of Manitoba.
- (c) Final plans for a new dental building in Toronto may be completed by mid-1957 and that if the present schedule is adhered to, this building will be ready for occupancy by the fall of 1959.
- (d) These new facilities will provide a significant increase in the output of graduates each year, but *not before 1962*.

(e) During the course of the meeting of the Council a resolution was prepared and adopted urging immediate action in the establishment of a Faculty of Dentistry at the University of B.C. This resolution is presented for consideration at this meeting.

“Whereas Public Health is primarily the responsibility of the provincial government, and

Whereas dental health is an important integral factor in the general health of our people, and

Whereas in spite of the tremendous increase in our population there has been no new school of dentistry established in Canada within the last 35 years, and

Whereas the rapid expansion of the population in British Columbia will mean increasing demands for dental services, and

Whereas there is presently an urgent need for increased dental services, and

Whereas many Canadian citizens, who are contemplating dentistry as a career, are unable to gain admission to the dental faculties, either in Canada or the United States, and

Whereas Vancouver, being the third largest city in Canada, with a highly regarded University, is a logical place to establish a new Faculty of Dentistry

Be it resolved that: the government of the Province of British Columbia be urged to take immediate action to provide for the establishment of a Faculty of Dentistry at the University of British Columbia.”

ADOPTED

5. Conferences — Dental Education

One of the far-reaching projects which the Council has sponsored during recent years, has been the organization, with the financial assistance of the Kellogg Foundation, of a series of conferences on teaching methods. Three of these conferences have now been completed. In September, 1955 at Toronto; in December, 1956 at Edmonton; and May, 1957 at Halifax; with the final session scheduled for September next in Montreal. Dean A. C. Lewis has been a tower of strength in guiding these conferences for dental school teachers, designed to improve teaching methods. The Council believes that this programme will have far-reaching effects on dental education in Canada.

6. Conferences on Practice Management

In keeping with the Council's policy to stimulate and encourage conference sessions on topics of vital concern to dental education and the dental profession across Canada, the Council at its last meeting adopted the following resolution:

THAT a conference on the teaching of Practice Management be held in 1958, preparations for which are to be under the direction of Drs. J. Kreutzer (Chairman) and J. Abraham.

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It is anticipated that one representative from each of the schools in Canada will form a Committee to study the content and teaching of such courses.

7. Survey of Anaesthesiology

A further progress report on the survey of this field was presented by Dr. J. H. Johnson. The questionnaire used in gathering information from the profession revealed certain trends which are to be studied by a small sub-committee which will be brought together to prepare a final report on this subject.

8. Civil Defence

It was noted that there is a possibility that a member of the dental profession may be appointed by the Department of National Health and Welfare to carry out instructional and organizational work in this area. The Council agreed that the Minister of National Health and Welfare should be assured of the willingness of the dental schools to collaborate in any way feasible.

9. Admission Requirements

Further consideration was given to the need for elucidation of the requirements for the admission of prospective dental students to the Canadian dental schools. Examples were cited where potential applicants preparing themselves in Canadian Universities in which there is no dental school, could find themselves eligible to seek admission to one dental school, but not to another. It is recognized that each University must reserve the right to say who is to be admitted, and it is also agreed that the Council must not set a rigid pattern in this matter. However, it was recommended that in an effort to clarify the Council's previous statement on admission of students which appears on page 5 of the "Requirements for the approval of a dental school" it be revised to indicate that in the two pre-professional years of work leading to an arts or science degree, the subjects of English or French, Mathematics, Chemistry, Physics and Biology, shall have been included for at least one year.

10. National Dental Examining Board

The Council received a report from the representative of the National Dental Examining Board. It noted the figures pertaining to examination results and agreed that the standards are being maintained. The Council agreed to recommend that the requirement of Canadian citizenship be modified to read "has resided in Canada for a period of at least one year, immediately previous to the date of the written examinations, and provide the Board with a declaration of his intention of becoming a Canadian citizen."

11. Training of Dental Technicians

The Council reviewed its statement of one year ago respecting this matter, and after further consideration adopted the following resolution:

THAT this Council recognize the need for the establish-

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ment of training courses for dental technicians and that in the opinion of this Council such courses of training should be given in vocational institutes with members of the dental profession, including staff members of dental schools, cooperating in the instruction.

ADOPTED

12. European Dental Graduates

It was noted that the influx of European dental graduates had been augmented recently by the arrival of many dentists from Hungary. Little or no information has been available on the nature of dental education in Hungary, until recently when a communication was received from the Federation Dentaire International. It would appear that the minimum course of study and examinations which must be undertaken by students in order to obtain the degree or diploma which will enable them to practice dental surgery are:

- (a) Dental specialist doctors: state examination of dental specialists after a medical course of six years and three years of dental practice.
- (b) Dental Surgeons: state examination after a five-year theoretical and practical course at the University.

13. Budget 1958

The budget for 1958 follows the pattern laid down several years ago, and provides for the final teacher training conference, and a conference on Practice Management. It appears as Appendix A to this report.

Appendix A.

COUNCIL ON DENTAL EDUCATION
BUDGET

For the year 1958

Income:

Canadian Dental Association Grant	\$4,000.00
Kellogg Foundation	
Survey	\$500.00
Practice Management Conference	640.00
	1,140.00
	<u>\$5,140.00</u>

Expenditures:

Survey	\$1,500.00
Teaching Training Conference	750.00
Committee	1,500.00
Conference on Practice Management	1,000.00
Sundry	390.00
	<u>\$5,140.00</u>

COMMENT, RECOMMENDATIONS AND RESOLUTIONS

1. (a) (b) (c) Information noted.
2. We were informed that the number of graduates in 1956 was 168 and the number in 1957 was 185.
3. (a) (b) (c) The progress made in extending the teaching facilities is most gratifying. In connection with Manitoba it was noted that Dr. J. Neilson has been appointed Dean of the Faculty of Dentistry, and that the School of Dentistry expects to open in the fall of 1958.
(d) It is anticipated that the annual increase in enrolment after completion of the building programs will be as follows: Toronto to increase enrolment by 50; Dalhousie by 12; and Manitoba by 30 students. This will represent at least a 50 per cent increase in the number of students that graduate yearly.
- (e) We approve and urge the adoption of this resolution. It is recommended that a copy of this resolution be forwarded to the Premier of the Province of British Columbia and to the Secretary of the Licensing Board of the Province.
5. We commend the Council for arranging this series of conferences and note with sincere appreciation the efforts of Dean A. C. Lewis and the support of the Kellogg Foundation.
6. Information noted.
7. We anticipate a final report on this subject.
8. We recommend, that in view of the recent change in the federal government, the resolution for civil defence adopted by the Board of Governors, at the annual meeting held in June, 1956, be reiterated as amended. The resolution reads as follows:

"Resolution — re - Civil Defence

Whereas the problem of Civil Defence is being given increasing attention throughout Canada, and

Whereas organized dentistry in the United States is taking an active part in the training of American dentists in Civil Defence, and

Whereas the American Dental Association is represented on the Staff of the Civil Defence Administration Staff College by a full-time dental representation, and

Whereas the Canadian medical profession is represented on the Administrators Staff of Civil Defence while there is no dental representation, and

Whereas it is considered essential that the Canadian Dental Association take an active part in the training of Canadian dentists in Civil defence, therefore be it

Resolved that the Canadian Dental Association take immediate action to have a full-time member of the Canadian dental profession added to

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the Staff of the Federal Administrator of Civil Defence in order that an adequate plan may be developed to train dentists to take an active part in Civil Defence on the National, Provincial, and local level including the teaching of certain aspects of Civil Defence to undergraduates in the Canadian Dental Schools."

ADOPTED

9. The following resolution is presented:

Whereas there is a need for clarification of the academic requirements for the admission of prospective students to schools of dentistry in Canada, and

Whereas it is important to guide such students in the selection of pre-professional courses that will determine their eligibility for admission to schools of dentistry, and

Whereas it is recognized that the final decision regarding admission must rest with the individual university concerned, therefore be it

Resolved that for purposes of a statement regarding admissions, paragraph 1, "Admission of Students", p. 5 of "Requirements for the Approval of a Dental School" be revised to read as follows: "All Students admitted to an approved dental school shall have possessed certification, previous to admission of having successfully completed at least two academic years of Arts and Science in a recognized university. The subjects of English or French, Mathematics, Chemistry, Physics, and Biology shall have been included for at least one year".

ADOPTED

10. This information is useful for the guidance of the representatives of the Council on Dental Education to the National Dental Examining Board.

11. We concur and urge the adoption of the resolution and submit for purposes of implementing the above the following resolution:

Whereas the many services encompassing the practice of dentistry utilize technical auxiliary personnel, and

Whereas adequate training of technical auxiliary personnel is considered important, and

Whereas there is a need for the establishment of training courses for technical auxiliary personnel, therefore be it

Resolved that the Council on Dental Education study the question of the training of technical auxiliary personnel and their relationship to the profession.

ADOPTED

12. Noted.

13. We recommend approval of the budget.

We recommend the adoption of the Report of the Council on Dental education with the foregoing resolutions.

APPROVED

MEMBERS OF THE DENTAL PUBLIC HEALTH COMMITTEE: *A. Poyntz, Chairman, Victoria, B.C.; Alex Gunning, Victoria, B.C.; J. Mercer, Victoria, B.C.; Wm. McPhail, Victoria, B.C.; W. A. MacDonald, Victoria, B.C.*

REPORT

Your committee begs to submit the following report:

1. We are pleased to report the increasing interest the provinces are taking in Dental Health Week or Dental Health Day.

2. This year New Brunswick for the first time held a Dental Health Day which proved very successful.

The 27 newspapers in the province all carried editorial and news releases etc. Ten radio stations carried spot announcements and group discussions. The two TV stations gave time for several speakers during the day.

There is every indication that next year's Dental Health Day will be bigger and better.

3. Saskatchewan held their first Children's Dental Public Health Day this year, which met with unqualified success. They received splendid support from their different dental societies. The dental health committee of the Saskatchewan Dental Association have recommended that this become an annual event and that a budget of \$2,500.00 be made available for next year's program.

4. Too much credit cannot be given to the Ontario Public Health Committee for their splendid work in connection with Dental Health Day, and the literature which they prepared and offered to supply to any of the other provinces for this purpose.

5. Alberta also ran another of their successful Dental Health Weeks. Their next project is to try to have a Director of Dental Services appointed. They are going to make representation to the Government in the near future to see if it is possible to have one appointed. As they and Newfoundland are the only two provinces without a Director of Dental Services.

6. A letter was sent to all the provinces who had not participated this year in a Dental Health Week or Dental Health Day requesting them to try if possible to arrange for one next year and informing them that literature etc., was available for that purpose.

7. From the newspaper clippings received, and the amount of newspaper space devoted to dentistry, it is quite apparent the public are becoming more interested in dental health. They are looking for and receiving a great deal of information about the care of the oral cavity, and the need of preventative dentistry. As has been the custom for the past few years, a great deal of publicity was given to fluoridation of communal waters.

8. With all the publicity that fluoridation has received, and the amount of time devoted by speakers on this subject, it is rather disappointing that more municipalities have not availed themselves of this opportunity of reducing the incidence of dental caries. However, it is nice to note that each year more communities are adopting this splendid project.
9. The "Dental Public Health Policy" that was approved at the last annual meeting of the Board of Governors is now published in pamphlet form.
10. The pamphlet "Your New Dentures" has proven very popular with the dental profession. At least a hundred and fifty thousand copies have been printed and distributed. The demand for them still continues and another edition is being run.
11. We would like to extend our thanks and appreciation to the directors of dental services of the different provinces, for their fine co-operation and help. Their aid has been invaluable during the past years, and whenever they have been requested for any assistance they have always willingly complied.
12. It is quite evident that a great deal more attention is paid to preventive dentistry today and all the provinces are doing their share by establishing more preventive dental clinics. They are educating the public by addresses in schools and to other organizations. However in some of the provinces they are handicapped by the shortage of dental personnel.
13. We would recommend that a pamphlet on "The care of the mouth after oral surgery" be published. It is quite apparent by the number of the pamphlets "Your New Dentures" that were sold, the general practitioner appreciates a pamphlet issued by the Canadian Dental Association which he can give to his patients. He should by all means give them instructions on home care, but a great many patients forget them in their excitement. If a patient had written instructions to read in case of trouble, it probably would save the dentist a lot of grief, and maybe poor publicity.
14. A report from each of the provinces is appended for information only.
15. A budget of five hundred dollars,
 - (a) development of material
 - (b) incidental expenses
 - (c) to continue efforts in establishing a good dental health program.

Appendix A

DENTAL PUBLIC HEALTH

PROVINCIAL DENTAL HEALTH PROGRAMS

British Columbia

Today in public health, as in many community health services and agencies, we are concerned not only with a longer life, but as well with a better life. Based upon the number of deaths directly attributable to dental disease it could be argued that this disease is not a community or public health problem. However, when we consider that over 95% of our population is afflicted with one form or other of dental diseases, and knowing the undermining effect that such diseases can have upon the well-being of the individual, both physically and emotionally, as well as socially, and at practically any period of life, we must surely agree that dental health is a public health problem. If in addition we consider the discomfort and suffering as well as the economic factors involved it is then apparent that this problem is of sufficient size and severity to warrant not only our deep concern — but our combined efforts to combat.

Further, when we note the prevailing high incidence of dental disease and the tremendous backlog of untreated disease plus the shortage of dental manpower, it is obvious that treatment, although a very important factor, is not, and cannot alone be the answer. What then is the answer? With dental disease as it has been in the past with many other diseases, including smallpox, diphtheria, scarlet fever and tetanus, the answer lies in prevention.

However, unless people are sufficiently aware of, and concerned with the importance of dental health as it relates to general well-being, knowledge of prevention will not be generally sought after; nor, even if known, will it be put into action.

Therefore, our first objective, the chief weapon in prevention, is an educational programme designed to stress, first of all, the important role that dental health plays in the welfare of an individual throughout his life span. Secondly, to stress the enormity of the problem as it exists, and thirdly to point out how good dental health may be achieved and maintained by practising the principles of prevention both on an individual and community basis.

The second weapon in a preventive dental health program is dental treatment itself. A dental treatment programme designed particularly for the younger aged groups serves these functions; (1) It acts as an inducement and a liaison to bring more people into the scope of preventive dental health services, both from the standpoint of establishing early and regular dental examination and care, as well as from the standpoint of establishing at an early age good dental health habits. (2) It illustrates dramatically the importance of good dental health as well as exemplifying the effectiveness of preventive dental health measures. (3) It provides a means whereby a portion of dental time from a busy general practice may be devoted to children's

preventive dentistry. (4) The initial accumulated cost of restoring a neglected mouth to good dental health may prove to be a stumbling block in an educational programme which promotes the importance of early and regular dental examination and treatment. A community sponsored preventive programme helps to insure against such occurrence.

The third weapon of prevention is research. Research is designed to give us not only ways of preventing and treating diseases of the mouth but as well better ways of evaluating our problem and measuring our success.

Outline of the Preventive Dental Programme in British Columbia

The existing preventive dental health programme initiated by the Department of Health in 1949 through it's division of Preventive Dentistry is designed not only to include these basic principles of prevention (i.e. education, treatment and research) but as well to extend such services to as many communities throughout British Columbia as present limited finances and dental man-power will permit. This has been attempted by an equitable distribution of available funds for treatment and educational services to the various communities throughout British Columbia as follows:

- (a) Grants are made available to some larger established areas of population on a grade one school enrolment basis towards the establishment and maintenance of full-time dental health services. Periodically new equipment is added through the use of National Health Grants.
- (b) Fifty percent matching grants-in-aid to various areas throughout British Columbia are made towards the cost of treatment services through our community preventive dental clinics sponsored by local groups and agencies within the community. National Health Grants contribute toward such services. These clinics also provide treatment services for adults on a private practitioner basis after clinic hours.
- (c) Transportable dental equipment on a loan basis free of charge and a grant towards the cost of travel are made available and the Department acts as a liaison in attempting to encourage dentists to visit the outlying areas of British Columbia where dental services are in dire short supply or non-existent.
- (d) Grants are made available towards the cost of establishing and maintaining part-time dental clinics.
- (e) Subsidy grants are made available to encourage dentists to locate in those areas which have no dentist and which normally would not support the services of a dentist full-time.
- (f) The dental services of full-time members of the department are made available to some areas.
- (g) The department of health through Federal Health Grants has equipped the Health Centre for children in Vancouver. By agreement dental

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treatment is also provided for trainees referred from the Western Society for Rehabilitation and for children from the Cerebral Palsy Society of greater Vancouver through this Centre.

- (h) A grant from the Department of Health administered by the British Columbia Dental Association for dental care for dependents of persons in receipt of social assistance, presently including children of less than twelve years of age.

An outline of the scope and coverage of the preventive dental programme, including the distribution of these various types of services and grants throughout the Province for the programme year (September 1955 August 1956.)

Education

A wide selection of posters, pamphlets, films and film-strips, suitable for the various grade levels were made available to and distributed to many schools throughout the province from the central library of the health branch. Where possible a display of these various teaching aids was set up at teachers conventions. Pamphlets were made available to dental offices for distribution to young patients and parents.

Arrangements were made for window displays during the opening week of school in drug stores throughout the Fraser Valley to emphasize that the child's dental health is another important consideration in preparing the child for this important step in his development. Poster display contests were encouraged in the schools to emphasize the "how" and "why" of good dental habits. Community groups were encouraged to arrange dental health displays at local fairs etc., with some success. An attempt was made to have dental health manuals distributed to school libraries as reference material for both teacher and student.

Radio talks and classroom talks were given by various members of the Health Unit staffs. All dentists participating in the clinics were encouraged to devote time to chairside dental health education of both parent and patient. Material prepared by the Canadian Dental Association suitable for press release or for presentation to P.T.A. Service Club meetings etc., was distributed throughout the province by the health units. The Department cooperated fully with the British Columbia Dental Association during their "Dental Health Week" and "Dental Health Conference". A new poster and a diet sheet were added to the list of teaching aids during this period. A "quick reference" to dental health habits suitable for dental chairside teaching and use in the home is presently under consideration.

Treatment

A prime factor in treatment service for these clinics was the dire shortage of dental time particularly in the rural areas of the Province. However, excellent cooperation of the dental profession was enjoyed resulting in services being rendered as shown in Tables 1 and 2.

Research

A study was done by a member of the dental field staff on dental follow-up programme on grade two children. The character of the follow-up programme for grade two pupils was in the nature of a pilot study to lead and suggest the way whereby all children over the eligible age of the clinics may be stimulated to begin or continue good dental health habits.

A method of more accurately determining the number of children in given rural areas attending their family dentist is under consideration so that a better overall treatment coverage may be obtained.

Pre-fluoridation surveys were arranged for and consultation given to areas contemplating fluoridation. The centres of Smithers, Prince George and Kelowna have instituted fluoridation. Prince Rupert has passed favourably and Cranbrook is presently contemplating such a procedure.

A much needed method both for estimating the size of our dental health problem and for evaluating the effectiveness of our present approach to this problem has been provided by the introduction of the annual British Columbia Dental Health Survey. The three areas chosen for study as being representative were Fraser Valley, Greater Vancouver and Greater Victoria. Complete procedure, data and analysis from the first (1956) of such surveys are given in Division of Vital Statistics special reports numbers 17 and 18 entitled "British Columbia Dental Health Survey (1956)" parts 1 and 2. Copies may be obtained by writing to Health Branch, Dept. of Health and Welfare, Victoria, B.C.

The Role of the Community

The success of all these preventive measures, particularly educational, is determined largely by the degree of interest and cooperation of various groups in a community. Who are these groups? (1) Members of the allied health professions and ancillary personnel of medicine, dentistry, nursing and pharmacy whether in public service or private practice, who by the very nature of their professions are dedicated to the welfare of their fellowman. (2) Members of local official bodies who by the nature of their office carry the responsibility of public welfare whether it be school boards, councils, social welfare, workmen's compensation or public health. (3) Members of voluntary agencies such as Red Cross. (4) Members of the teaching profession who by the nature of their training are best qualified to educate. (5) Members of local groups who make the welfare of their community their concern, including P.T.A. Service Clubs, Women's Institutes, Women's Auxiliaries. Added to these must be the individuals comprising the community.

Dental Personnel

Dr. F. McCombie, Director, has accepted an appointment to act as Consultant to the Department of Dentistry, University of Malaya, for a period of one year. Dr. C. W. B. McPhail is serving as Acting Director while carry-

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ing on his duties as Regional Dental Consultant during Dr. McCombie's absence. One field dental officer returned from and one left for a year of graduate study in Public Health during 1956. One dental officer attended a three day post-graduate course in Preventive Orthodontics; five dentists in Public Health Services in British Columbia attended a three day course in Children's Dentistry. All of this training was supported financially by National Health Grants. One field dental officer left the Dept. to return to private practice.

General Remarks

Our dental health problem in British Columbia today presents three pertinent facets (a) a heavy burden of treatment needs (b) an overloaded and limited supply of qualified dental personnel (c) an unequitable distribution of existing services throughout the province. The approach to our problem would therefore appear to be threefold (a) a reduction in the tremendous burden of treatment needs by the immediate and widespread application of all available preventive measures. (b) an increased supply of qualified dental personnel in British Columbia by the immediate establishment of a dental faculty at University of British Columbia and (c) a more equitable distribution of the existing limited dental services, as already outlined in the existing policy of the Department's division of Preventive Dentistry. In an attempt to enhance this aspect the Department has recommended that the matching grant towards the cost of clinical services be based upon an increased fee, more commensurate with that of private practice, in order to induce more dentists either from within or outside the Province to participate in these clinics in the rural and outlying areas of British Columbia.

An effective preventive programme must include education, treatment and research predicated upon sufficient qualified personnel to carry out such services. In addition in every community each group has a part to play in all of these aspects and it is only through the combined and deliberate efforts of all of these groups that we can hope to meet our dental health problem.

Alberta

Legislation was passed making it mandatory that any municipality wishing to fluoridate its water supply must have a two-thirds majority of its voters in a plebiscite. Such plebiscites may be held after January 1957.

At the time of writing, one town, Fairview, has held and successfully passed its plebiscite. Incidentally, Fairview is the home of the northern member of the Board of the Alberta Dental Association, Dr. M. Woronuk.

The urban areas are preparing, in nearly all cases, to hold plebiscites in conjunction with the fall elections. As each area presents its special problems, the Alberta Board is giving financial assistance to the local Dental Societies to help in their campaigns.

The towns and villages will likely hold their plebiscites next spring,

at the time of their municipal elections. We hope that a large proportion of our population will have fluoridated water within a year or less.

The Alberta Dental Association has successfully completed its Dental Health Week, April 1 - 6, 1957. The theme was again preventive dentistry in all its aspects but with special emphasis on the benefits of fluoridation.

The committee under Dr. W. Nixon, Calgary, has done a splendid piece of work and deserves much praise. Their handling of the public relations aspect of the week has placed organized dentistry in Alberta on a very high plane. Dental Health Week in Alberta has been a help and a credit to all.

The next project is to have a Director of Dental Services for the Province appointed. To this end, representation to the Government will be made in the near future. The citizens of the rural areas are becoming more dental conscious and preventive schemes must be presented to them.

The Committee has held several meetings with rural Health Unit Boards. They are most interested in treatment plans but we have tried to stress the value of proper preventive programmes preceding treatment.

Our film library is being expanded as suitable films are available. The demand throughout the year, but especially during Health Week, is very great. Dentists in all corners of our Province are to be complimented on their splendid work in dental public health.

Saskatchewan

Two health regions operate a treatment programme for children up to 12 years of age but are not to any extent doing anything outside of clinical services. Owing to the decline in the number of dentists in the province there is no possibility of establishing full time clinical services in any other regions. Exploration of part time clinical services for the youngest age groups by local practitioners has been under consideration but is presently unacceptable on a fee-for-service basis by senior departmental officials.

As a second line of offence for preventive and dental health education activities, dental hygienists continue to be trained by means of Dominion-Provincial Health Grants. These girls have been employed in 4 Health Regions applying topical fluoride to two age groups. The age 3 group have enabled the programmes to make some headway with the preschool child, a difficult, because unorganized group, particularly in rural areas. The 7 year olds in school provide an entrance into schools, from which public health nurses have been largely withdrawn in this province, and an opportunity to detect early caries of the 6 year molar. The general experience in most schools has been an increasing interest on the part of teachers of other grades which at times has proved embarrassing in terms of the hygienists time.

Over the years our own contact with public health nurses has created

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increased interest in dental health and complete dental health teaching is now incorporated in the Nurses Manual.

The combined efforts of hygienists and nurses, particularly with pre-school children, has already created a most difficult situation in certain areas where reports are being received of dentists refusing to undertake treatment of the deciduous dentition. This can have serious repercussions for both the public health people and the dental profession as a whole. There is no intention of discontinuing the educational effort, an important part of which must be the teaching of early dental care as advocated by the Canadian Dental Association. As treatment is an immediate need and prevention long range, some answer to the shortage of clinical dentistry must be more insistently urged on the appropriate authorities.

Public health dentists cannot avoid the impact of public assistance programmes when initiated and administered by Governments. The programme in Saskatchewan continues to be so administered with no sign that the profession is interested or concerned with taking it over. With some 32,000 people eligible in 4 major categories and a majority of dentists in the province participating to a greater or lesser extent, two major problems appear to be developing. These ought to be of concern to the profession everywhere. There appears to be little appreciation by a considerable number of dentists that a welfare programme operated on a limited budget must operate on a basis of priorities of service no matter what the basis of payment may be. Desirable as some services, of an elective nature may be, only poor public relations result from advocating procedures of a replacement nature which cannot be universally authorized and stay within the limitations of available funds which are of course non-contributory. A committee of the Provincial Association investigated this problem and submitted a report which was circulated to the profession with negligible results. In plain terms there seems a desire in certain quarters to exploit to the limit any programme financed from public funds.

The second difficulty becomes apparent through the consistent accumulation of dental records over the years. As this programme approaches a decade of such histories one is forced to observe the continued deterioration of many mouths in spite of dental care. Again two reasons underlie this statement (a) maintenance care, to be of any value, must be more frequent than is generally the case and (b) patient education is not being done or if so, is not effective. Although not generally accepted, chairside education is undoubtedly the best place to do it. Recipients of Public Assistance, and many others as well, have somehow to be made to realize that dentistry, without patient co-operation in changing the tooth's environment is a double waste of money, private or public, and of the dentists time. There are too few dental man hours of time available to the public, to allow of such extravagance. The dentist as well as the public health service have a responsibility in this matter.

During the year with the cooperation of the Health Education Division and commendation from the Department of Education a Dental Health Workbook was placed in the hands of every public school teacher in the province. This book contains graded exercises for pupils with underlying dental health messages and has met with a response beyond all expectations. It has been difficult to keep up with requests for repeat orders of the various exercises. As usual finance is a continuous problem in a venture of this kind and governments do not seem susceptible to appeals based on the great need for increased dental health education.

We are not clear as to the year the report is expected to cover — calendar or fiscal. However, early this year after considerable endeavour a start was made on a province-wide observance of a Children's Dental Health Day during National Health Week. Although the time was short and the funds in short supply, the Central Committee and many local committees did excellent work for a beginning. Some free time was obtained from radio stations, records were cut in several places for theatre shorts, window displays, newspaper articles, in particular in rural weeklies, and public addresses to service and H and S clubs were presented during the week by more men than ever before.

Most of the material presented at this time was prepared by our Division in cooperation with our Health Education Division and distributed either to local committees or in some cases to all dentists in the province. Most of the expense of this Day's activity was absorbed by the Department in one way or other.

The Central Committee has recommended to its successor, appointed at the last meeting of the Saskatchewan Dental Association, that plans should commence this fall for a week's campaign next spring and that a more adequate basis of financing should be worked out with some contribution expected from the profession itself.

Additional progress in fluoridation is reported by its addition in several smaller communities. As most of the larger centres have set-backs due to adverse referenda, or withheld final action in the face of violent opposition, activity has been forced underground.

Fluoridation is still advocated officially and the director is working quietly with local committees to develop a long range educational campaign in preparation for a future and more successful second attempt. What is needed, and being obtained in Regina, is greater support from the medical profession. Acceptance by a number of larger Canadian communities would materially strengthen committees in smaller centres and serve to stifle the opposition which constantly caters to the local politicians who serve very short terms between elections and are thus acutely sensitive to the political implications.

By cooperation of the local orthodontists (two only) a beginning pro-

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gramme of orthodontic care for Government Wards is now in its second year. An effort is being made to extend this service to the younger dependents of Mothers Allowances and later, depending on availability of orthodontists to children of low income families on a shared cost basis after screening. It is planned not to undertake extensive cases but rather to concentrate on children 10 years and under.

The lack of dental inspection in schools by dentists qualified to detect early malocclusion deviations appears to be the most serious obstacle to the success of such a programme.

In summary the most serious single obstacle to continued progress in dental public health programmes in Saskatchewan is lack of manpower. There appears to be a lack of willingness or knowledge of how to go about achieving the publicity and bringing about the necessary political pressure for the required increase in the number of dental personnel as compared to other fields of need. The director has constantly and frequently informed the Deputy Minister of this Province of the downward trend. With increasing population, and more significantly a real increase in public demand, which is bound to accelerate as a result of even inadequate dental health education a real crisis is impending which we ourselves have created.

The suggestion is made that the time for resolutions is past and that officers of the National Body or an appropriate committee make direct and personal representations to Ministers of Health at all levels and possibly even cabinets.

Already there are indications of private members of legislatures expressing concern on this point. It would be too bad if the profession should abrogate its responsibility to the public and others not so closely concerned or aware of the significance of the implications.

Your committee instituted a Children's Dental Public Health Day on February 6th of this year. From the reports that are coming in we feel it was quite successful considering the lack of funds and the short period for organizing. At this time we would like to thank all constituent societies and individual members for their excellent support.

Following are our recommendations:—

1. That this should be an annual event with the same period set aside each year.
2. That it be conducted in cooperation with the Health Education Branch of the Department of Health under Mr. Christian Smith.
3. That the liaison men from the constituent societies meet at least once with the Committee at a convenient locale to plan the campaign.

4. That this committee budget up to \$2,500.00 to be spent on this campaign and the money to be obtained from the following sources:
 - (a) Pharmaceutical Houses
 - (b) Dental Supply Companies
 - (c) Saskatchewan Dental Society
 - (d) Constituent Dental Societies
 - (e) Individual Dentists

Your committee has also studied other problems in the dental public health field and we have prepared resolutions which we would like this society to decide upon.

The first is the increasing problem of dental manpower shortage in this Province. New registrations are not keeping pace with replacement needs. Last year this committee contacted Saskatchewan students in dental schools to come back to the Province. Negative results were obtained.

Attention is drawn to the bursaries given Manitoba students to induce them to return to their home province. As of January 1957, 21 of 26 students registered in dental schools are under this scheme. This policy was also suggested to the Deputy Minister by our Provincial Dental Director. No action resulted. Apparently more pressure is needed.

Accordingly the following resolution is prepared for your approval and submission to the Government.

It is resolved that representations be made to the Government of this Province by the legally elected Dental Council and on behalf of this Association, strongly urging that early consideration be given to the provision of Bursaries, similar to those provided by the Province of Manitoba, whereby at least students from our own province may be induced to take up the dental profession and to return here to practice it.

The next problem is that of regular dental examination for school children. To sum up briefly:—

1. Prevention is the answer to the dental disease problem.
2. This must of necessity begin with the child.
3. Most children, at present, are not receiving dental supervision in time to obtain the benefits of prevention.
4. Individual dental practitioners have failed to impress large sections of the public with the importance of early and continuous attention to dental health.
5. In communities where school dental services were available, higher levels of dental health were attained as evidenced by the higher dentist population ratios.

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Therefore be it resolved:—

The Provincial Public Health authorities be advised and urged to implement a regular dental inspection of school children, by stages if necessary, and supported by legislation and incentive financial grants. And that this resolution be presented to the Minister of Health personally by an appropriate committee or the legally elected Dental Council.

The following ideas were studied.

1. **New Zealand Dental Health Scheme:** The most valuable results of this plan were:—

- (a) Continuous education of parent and child in dental health.
- (b) Excellent public relations for the dentists, as they have supported this scheme from the beginning.
- (c) The children were more dentally fit, i.e. fewer lost deciduous and permanent teeth, and therefore, more dentally fit.
- (d) The children under this scheme received a good quality of work and an adequate amount of work.

Difficulties of Scheme:

- (a) Difficulty in maintaining staff, due to many factors, chief one being marriage.
- (b) Training of girls costly.
- (c) Not sufficient money to have permanent clinics.

2. **Why more practitioners don't come to Saskatchewan**

This very serious problem, we felt, might best be attacked by asking all those Saskatchewan residents who went to Dental College, why they didn't return to Saskatchewan to practice. The response to our letters was very poor. We surmised that other parts of Canada supplied better opportunities or better living conditions, such as better climatic conditions, also the denser the population the better the cultural and educational facilities for their children.

More reasons for not coming to Saskatchewan

- (a) Saskatchewan economy is entirely dependent on grain crops, therefore each economy is a risk.
- (b) Saskatchewan is a long way from dental postgraduate courses and from dental colleges.
- (c) Lack of population greatly limits specialization.
- (d) Men graduating from eastern Universities marry eastern girls, many of whom do not like the Prairies.

3. **Fluoridation**

This is a challenge to every community with its own public water supply and particularly the larger centres. Fluoridation has failed in Regina chiefly

because the public did not understand what it was all about. In other words, our public relations were at fault. The committee feels that the S.D.A. should have a special Fluoridation Chairman, who is willing to chair a Provincial Committee. Here again, a full time Public Relations officer would be invaluable.

4. Dental Assistance Training Course

Inquiries have been made by the Department of Education, extension branch to the Regina and District Dental Society, asking if they would be in favour of the Government putting on a Dental Assistance Training Course. If they did, would the Regina dentists give lectures etc. to support this. This Committee wish direction on this point from this meeting. The Regina Dental Society, to my knowledge, have not yet committed themselves. Does the S.D.A. at this time wish to express an opinion on the training of dental assistants by the Department of Education.

5. Full-time professional man as Sec-Treas and Public Relations Man Suggested Duties

- (a) Placing new dental students, i.e. Address 4th and 5th year students at Alberta and possibly Toronto to try and entice them to set up practice in Saskatchewan.
- (b) Establish with the Department of Education, a dental curriculum to be taught at Teachers College. Nursing schools should also have lectures on dental subjects. This could be arranged by a public relations man, the follow-through to see that dental health is actually taught in the public and high schools of the Province.
- (c) Director of Children's Dental Health Week.
- (d) Liaison between public and profession re complaints.
- (e) Discipline on objectionable commercial advertising of dental products.
- (f) Liaison with Medical Association and hospital authorities.
- (g) Bringing in useful movies for use at public gatherings and for public and high school education on dental subjects.
- (h) Arranging postgraduate courses in Saskatchewan.
- (i) To accompany any touring clinicians brought into Saskatchewan by S.D.A.
- (j) Convening conventions and postgraduate courses.

6. Recommendations of the Public Health Committee

- (a) That a full-time Secretary-Treasurer and public relations man be sought.
- (b) That a first class clinician on Dental Public Health be brought to the Province for lecture tour.
- (c) That a Scholarship Committee be set up to establish a bursary of

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\$100 per year to be given to an honour student of the Province to aid in his or her first year dental course in a Canadian University.

- (d) That more Saskatchewan students would remain in the Province if there was a Dental College established in Saskatoon. Only 2 new graduates have registered this year as compared with 18 in 1955.

Resolution

Because of the gross negligence and severe deterioration of children's mouths, and because it is the duty of the Profession to educate the public at large as to ways and means of reconstructing these mouths, and because the Profession realizes that the only way to control dental decay is through the teaching of preventative dentistry. It is therefore resolved that the Dental Health Committee be authorized by the S.D.A. to inaugurate and implement an Annual Children's Dental Health Week.

Manitoba

It was felt that the expense of another Dental Health Week could not be afforded this year.

A program of dental health education is now being worked on in cooperation with Dr. G. Schwartz, Director of Dental Services for the Provincial Government, and many other health and educational officers of Winnipeg and Provincial Governments.

Ontario

The following is a report of the Dental Public Health Committee of The Ontario Dental Association. Our committee consists of nine elected members, namely Drs. Boyes and Swales (dental health day) Drs. Marjory Jackson, S. Peterkin and Keith Davey (materials), Dr. D. Rife (Seminars) Dr. Pownall (Convention) Dr. Butler (Publications) Dr. E. A. White, chairman, together with the following associate members, Drs. R. Fisk, D. J. E. Mitchell, F. Compton, F. Kohli, W. Dunn, A. Histrop, R. G. Ellis, S. A. MacGregor and our field Secretary, Dr. G. T. Mitton.

During the year 8 meetings of the general committee were held, as well as numerous sub meetings called by chairmen of various committees.

Throughout the year we have followed the precept of the Canadian Dental Public Health Committee, as regards the seven fold programme. In our field work we have endeavoured to impart the same principles to our listeners.

The main effort of the committee was Dental Health Day held in conjunction with the Health League during National Health Week. The material pack developed by the dental health day committee was used extensively not only in Ontario but in the other provinces of Canada. Sixteen local dental societies took an active part on that day making use of newspapers, radio

and television. In fact we not only have newspaper clippings from Ontario but from every province in Canada. Making mention of same in editorials and special news items. Our television publicity was made by 13 TV stations in special presentations and by use of the C.D.A. spot announcements.

During the year 5 seminars were conducted by the seminar committee in Sarnia, Pembroke, St. Catharines, Timmins and Fort Frances. In the five year period that the seminars have been in operation we have covered with two exceptions all areas of the province, in all 25 seminars were conducted with an average attendance of 17.2.

We have maintained our supply of material, making use of our own publications and those of the C.D.A. We have an adequate film library as well as 12 sets of a series of 2/2 slide for lecture purposes. The films and slides were in constant demand.

The sale of "Your Child and Mine" has been most gratifying.

At the recent Ontario Convention we held a breakfast on Monday morning, at which Dean Lewis of the College of Education was the speaker, Tuesday noon a dietetic luncheon at which Dr. Leo Sturgeon, Director of the Welland Crowland Health Unit was the speaker, and a 2 hour clinic seminar on Wednesday morning on speech therapy as regards cleft palate patients, a material display in the table clinic session Wednesday afternoon and our films and slides were shown every morning of the convention.

Due to the efforts of our associate member representing Red Cross a substantial grant has been obtained for the orthodontic correction on children in rural areas where malformed mouths and faces are a physiological factor and which are beyond the means of the parents. It is interesting to note that in the past 10 years the Ontario Red Cross and Ontario Junior Red Cross has contributed \$373,313 to the cause of dentistry.

We have had marked success with the formation of dental health committees in local societies thus relieving the central committee.

We are indebted, to those clinicians who took time and made such a splendid contribution in conducting our seminars, to the associate members and members who served on the various sub committees as well as contributing their counsel.

The above is submitted with the thought in mind that Dental Health is your responsibility.

Quebec

In this province are a number of dentists working on a part-time children's programme which is proving very successful.

Children are being examined and treated in over 50 health units, while in the larger communities school clinics are in operation.

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The preventive programme is being hampered by lack of personnel.
New Brunswick

This year for the first time a "Dental Health Day" was held which proved very successful.

It was conducted with the help of the Dental Director Dr. Langstroth. The response from all members requested for help was overwhelming.

All of the 27 newspapers in the Province carried editorials, news releases, reports of speakers etc. Over ten radio stations carried our radio spots and flashes, as well as group discussions. Numerous drug stores tied their advertising in with Dental Health Day.

The two TV stations gave us time for several speakers during the day.

The members all showed a willingness to help and there is every indication that next year's Dental Health Day will be a greater success.

Nova Scotia

Rural Dental Programme

Due to lack of staff to operate all of our Mobile Units this programme was somewhat curtailed.

Some 1,400 children (pre-school and under 12 years) attended clinics in 28 isolated rural communities during the period from May to November.

Hospital Programme

Our dental treatment service was maintained in the three provincial T.B. Sanatoria during the period from November - May.

Dental Hygienists Programme

This programme was started in June 1955 and has continued to be a very popular one. During the period covered by this report a total of 8,315 children received dental examinations, prophylactic treatments and instruction in tooth brushing. The service is limited to pre-school and elementary school children. Sodium fluoride topical applications are carried out for children in the 3 and 7 age groups. In addition to the children's programme, this service is extended to the Provincial Normal College students, and to the student nurses in the teaching hospitals. Four dental hygienists are at present engaged in this work, and five are studying for their diploma in dental hygiene under Federal Grants.

Three provincial centres, Halifax, Dartmouth and Kentville started fluoridation programmes during 1956. The population of these three centres is roughly 20% of the provincial population. To date there has not been a

single complaint registered in connection with these programmes. Several other urban communities have shown some interest in this measure.

It is gratifying to note the progress that is being made on the construction of the new dental school at Dalhousie University. This building is now beginning to shape up, and we hope that the increased facilities that it will afford for training dentists will soon begin to relieve the current shortage of dentists in the Atlantic Provinces.

Prince Edward Island.

There has been no change of note in the programme in the last year.

Some treatment services are supplied but they are available only to children in rural areas in Grades I and II, and to needy children in the two main urban centres.

One mobile clinic operates in the more remote areas. In place of the second mobile unit previously used, treatment is now carried out by some of the private practitioners in the smaller centres on a fee-for-time basis. This has been found to be a more economical method of rendering treatment but it is of course limited to those smaller centres where dentists practise. These are few.

Three dental hygienists give dental health education in the schools, and they also conduct topical fluoride clinics. These clinics serve the additional purpose of giving dental health education and promoting treatment. They are proving very satisfactory.

A special effort was made for Dental Health Day. Displays, including one mechanical exhibit, were set up in store windows; editorials were inserted in the newspapers; a talk was given on the radio; the dental hygienists spoke and showed films in the schools.

Interest in fluoridation is at present quiescent and awaits stimulation. The moment would not appear opportune just now to apply it. More education is required.

Newfoundland

Newfoundland has appointed a Director of Dental Services, but has few available dentists for a preventive dental program.

The dental health program naturally suffers for this reason. The Red Cross has discontinued its assistance.

Fluoridation of communal waters has again aroused a lot of interest and publicity.

COMMENT AND RECOMMENDATION

1. Noted
2. Noted with interest.
3. Informative
4. Agreed.
5. & 6. Informative.
7. Noted with interest.
8. Agreed.
9. Information.
10. Noted with interest.
11. We concur.
12. Noted.
13. We recommend that this matter be referred to the Public Relations Committee for consideration.
14. Informative.
15. We concur.

We recommend the adoption of the Report of the Dental Public Health Committee.

APPROVED

OFFICERS OF DENTISTRY FOR CHILDREN SECTION: *W. H. Feasby, President, Hamilton, Ont.; G. Nikiforuk, President-elect, Toronto, Ont.; W. J. Spence, Secretary-Treasurer, Toronto, Ont.*

REPORT

1. The membership of the Canadian Society of Dentistry for Children numbered 207 at the Annual Meeting on May 12, 1956. The majority of this membership was from Ontario and all but a few are engaged in general practice.
2. Throughout the year executive meetings were held to carry on the Section's business and to formulate policy changes necessitated by the new status.
3. The next Annual Meeting was held on May 11, 1957, in Toronto. The new executive is submitted as Appendix A.
4. The Executive was aware of the Section's principal weakness. It is essentially an Ontario group and not yet national in character.
5. To rectify this situation, certain objectives were adopted; (a) Federation with other existing groups organized for the study of Dentistry for Children, (b) Fostering new groups in other centres to carry out local programs of Dentistry for Children, (this can take various forms, such as, the study club format of the Vancouver Paedodontic Study Club or the clinic and essay type of program of the Ontario group), (c) The groups mentioned in (a) and (b) along with the founding group would become units of the Canadian Society of Dentistry for Children. Much of this can be accomplished within the existing constitution. Encouraging discussions have been opened with three centres.
6. Another area of activity initiated this year was the appointment of a standing committee to deal with professional and public relations. Their work involved the following:
 - (a) The committee suggested to the National Convention Committee that paedodontic clinicians be included in the 1957 program. A list of suitable table clinicians was submitted to the National Convention Committee. Some of these will appear.
 - (b) Consideration was given to stimulating dentistry for children among senior students in all the dental faculties of Canada. The committee will seek some method of encouraging students in the study of dentistry for children
7. We noted with interest the policy statement on health insurance. Of particular interest to us was the statement that when treatment services are offered they would be limited to children. (Item 19).

DENTISTRY FOR CHILDREN

8. Until this Section can carry out the objectives of paragraphs 5 and 6, it recommends that the Governors urge the National Convention Committees to include preventive and paedodontic subjects in each program. The National Convention should reflect the policy of the Association, in the opinion of the executive of this Section.

Appendix A

THE CANADIAN SOCIETY OF DENTISTRY FOR CHILDREN

Executive 1957 - 1958

Honorary President	-	-	-	-	-	-	-	-	-	-	Dr. W. H. Feasby
President	-	-	-	-	-	-	-	-	-	-	Dr. G. Nikiforuk
President Elect	-	-	-	-	-	-	-	-	-	-	Dr. D. G. Johnstone
Vice President	-	-	-	-	-	-	-	-	-	-	Dr. D. R. Anderson
Secretary Treasurer	-	-	-	-	-	-	-	-	-	-	Dr. W. J. Spence
Historian	-	-	-	-	-	-	-	-	-	-	Dr. D. L. Rife

Councillors

Dr. W. A. Burgman	Dr. C. L. Strachan	Dr. M. J. Crockford
Dr. F. E. Dawe	Dr. L. E. Hastings	Dr. M. G. Boyes
Dr. N. A. Mancini	Dr. C. D. Bieril	Dr. D. J. E. Mitchell
Dr. P. E. Currie	Dr. E. A. White	Dr. J. R. Callingham

COMMENT AND RESOLUTION

1. - 4. Information.
5. The Dentistry for Children Section is to be commended for its efforts in attempting to make the Canadian Society of Dentistry for Children national in character.
6. The information in this section was noted.
7. Information noted.
8. Resolution

Whereas optimal benefits from preventive treatment accrue in the field of dentistry for children, and

DENTISTRY FOR CHILDREN

Whereas the importance of dentistry for children has been recognized within the policy statement on Health Insurance adopted by the Canadian Dental Association, and

Whereas it is essential that opportunities for the acquisition of theoretical and clinical knowledge in dentistry for children be provided for the membership of the Canadian Dental Association, and

Whereas the annual convention programme of the Canadian Dental Association should reflect the importance which the Association has placed upon this aspect of dentistry, therefore be it

Resolved that Convention Committees be encouraged to make adequate provision at the annual convention of the Association for the presentation of the subject of dentistry for children, and further

That the Canadian Society of Dentistry for Children be prepared to offer assistance in arranging for such presentations.

ADOPTED

We recommend the adoption of the Report of the Dentistry for Children Section.

APPROVED

MEMBERS OF THE COMMITTEE ON ETHICS: *J. D. McLean, Chairman, Halifax, N.S.; J. P. McGuigan, Halifax, N.S.; S. K. Wetmore, Lancaster, N.B.; H. S. Crosby, Halifax, N.S.; H. N. B. Beach, Ottawa, Ont.*

REPORT

1. In the 1956 report, your Committee asked for guidance in the interpretation of Section VI of the Association's Guide to Professional Conduct — "Obligations to the Profession at Large" (c). This section states: "Every dentist should show his appreciation and respect to his teachers, and to those who have contributed in the past to the knowledge and art of the profession by presenting without thought of personal gain such advancements in his science and art which may be of mutual benefit to the profession and the general public."
2. In many quarters, this section has been interpreted to mean that under no circumstances should a member of the profession patent any of his discoveries, and that he should not receive any remuneration for such discoveries, and that he should at all times, even at great personal inconvenience and possible financial loss, be prepared to give of his time and knowledge to the members of his profession.
3. In referring to this question last year, you approved the following statement:

"To everyone who becomes a member of the healing profession is given freely a body of accumulated knowledge, all of which was contributed by others to the cause of better health, and the profession's welfare. It follows that the fruits of any discoveries made by any individual member should be contributed to the common pool of knowledge without any premiums to the discoverers. The attempting to secure, or the securing of patent rights on such discoveries is not good professional ethics, unless their primary purpose is the protection of the public and the profession".
4. Using the Oxford Dictionary definition of premium meaning "reward, acting as an incentive to", the Committee is in full accord with this statement.
5. It is the Committee's opinion that the interpretation of this section of The Guide hangs on the phrase "without thought of personal gain". Our entire ethical standards are based, fundamentally, on the best interests and welfare of the public.
6. It is conceivable, therefore, that members of the profession on occasion may not only be justified but may have a responsibility in the public interest to secure patent rights or copyrights on their discoveries.
7. Further, it is not necessarily unethical for a member of the Profession

to receive limited remuneration for his contribution to the knowledge and art of his profession provided that the prospect of remuneration was not the motive for his efforts, and that the remuneration is not responsible for any impediment in the benefits accruing to the public and the profession from his knowledge and discoveries.

8. The Committee has been asked to express an opinion on the ethical position of a dentist:

- (a) "Serving on the Board of Directors of a firm with no direct relationship to the profession" — It is the opinion of the Committee that it would be quite proper for a dentist to become a director of a firm provided that the appointment was made for the purpose of obtaining the ethical judgments and advice of the dentist, and providing that his name is used in no way to advertise either himself or the company.
- (b) "Serving on the Board of Directors of a firm which supplies products or services to the profession" — Here also, it is the opinion of the committee that a dentist could serve quite ethically on such a board provided that the purpose of his appointment is to offer sound and ethical judgment to the firm and not to use his name to advertise either himself, the firm, its products or services.
- (c) "Living in an area where supplies for practice are not readily available, who wishes to stock certain bulk supplies in order to make them available to his confreres in the area, and for which he would receive some profit" — If the dentist is undertaking the venture at the request of other practitioners in his area, the scheme might well be rendering a useful service to himself and his confreres. On the other hand, it is suggested that, like Caesar's wife, we should all be above suspicion, and therefore the Committee feels that in general it would be a doubtful procedure to enter into such a business arrangement.

9. During the year the question of members of the profession making public statements at variance with accepted professional views was raised. Section VIII (b) of the Guide to Professional Conduct which deals with this matter states:

"Such presentations must have the approval of the profession in accordance with accepted principles at that time."

10. Further, at the 1955 Annual Meeting the following resolution was adopted:

"That in our opinion members of the profession are ill-advised to enter into arguments with other members of the profession in respect to controversial professional subjects before lay audiences."

ETHICS

11. It is the opinion of the committee that these two statements are in accordance with the better interests of the public and that members of the profession must govern themselves accordingly.

12. The attention of the profession is drawn to a report beginning on page 1038 of the December 15 (Vol. 5 No. 12) issue of the Canadian Medical Journal. It is an account of a judgment by Mr. Justice McLennan of the Supreme Court of Ontario on August 15, 1956 in which it was ruled that incorporated medical practice is illegal. It seems reasonable to expect that the courts would take a similar view of incorporated dental practice.

13. The attention of the profession is also drawn to a decision of Mr. Justice LeBel of the Supreme Court of Ontario in August of 1956, in which it was ruled that the practice of dichotomy in the practice of medicine is illegal. To our knowledge, it is the first time that a court decision has been given on this matter and it is our opinion that the Courts would in all probability hold a similar view of such practices in dentistry.

COMMENT, RECOMMENDATION AND RESOLUTION

1. - 5. Noted.

6. & 7. We concur.

8. (a) (b) & (c) We concur.

9. Resolution:

Whereas the pamphlet "A Guide to Professional Conduct of the Canadian Dental Association" (Section VIII, b) contains the following sentence "Such presentations 'must' have the approval of the profession in accordance with accepted principles at that time", and

Whereas the word "must" in that sentence implies a restriction that may in certain circumstances encroach on the moral liberty of the individual dentist, therefore be it

Resolved that the word "must" be deleted and replaced by the word "should".

ADOPTED

10. We concur.

11. Agreed as amended by resolution in 9. above.

12. Noted.

13. Noted.

We recommend that the Committee on Ethics investigate the desirability of a more rigidly defined code of ethics.

We recommend the adoption of the Report of the Committee on Ethics with recommendation and resolution.

APPROVED

MEMBERS OF COMMITTEE ON HEADQUARTERS PROPERTY: *R. P. Lowery, Chairman, Toronto, Ont.; H. W. Reid, Toronto, Ont.; G. V. Fisk, Toronto, Ont.*

REPORT

1. With gratitude it is reported that all monies promised by Corporate Members at the time when the headquarters building was purchased have now been paid.
2. During the past year the headquarters building has been further adorned through the generosity of our members. Dr. S. W. Bradley of Ottawa presented two paintings of considerable value and the staff of the Faculty of Dentistry, University of Alberta, presented a clock.
3. Transfer to Reserve — Necessary expenses have been increasing. The Auditors Statement for 1956 shows a deficit of \$408.81 and the expenditures were \$558.81 more than budgetted for 1956. It is true that the year 1956 may have been exceptional in that expenditures for repairs and maintenance were higher than average, owing to a number of circumstances which arose during the year. However, such happenings necessitating action cannot be predicted and must be provided for. In the opinion of the Committee \$5,000 surplus is a reasonable amount to be carried in the Housing Account to meet emergencies. The balance at the end of 1956 was approximately \$4,500 (Quebec grant deducted). As a consequence of these opinions the Committee decided that transfers to reserve be set up in the budget only when the year-end account of the Committee exceeds \$5,000.
4. In our opinion the building is in an excellent state of repair and well taken care of owing to the careful work of our caretakers. The financial value of the property has increased considerably and the insurance coverage was revised upward during the year.
5. The proposed budget for 1958 is attached as Appendix A.

HEADQUARTERS PROPERTY

Appendix A

BUDGET FOR 1958
COMMITTEE ON HEADQUARTERS PROPERTY
Canadian Dental Association

	1956 Budget	1956 Actual	1957 Budget	1958 Budget
Receipts				
Rentals	\$5,556.00	\$6,660.00	\$6,660.00	\$6,660.00
Grants	1,000.00	1,000.00		
	<u>\$6,556.00</u>	<u>\$7,660.00</u>	<u>\$6,660.00</u>	<u>\$6,660.00</u>
Disbursements				
Transfer to Reserve	\$1,500.00	\$1,500.00	\$1,000.00	
Furnishings	550.00	125.10		500.00
Repairs & Maintenance	1,000.00	2,370.10	2,000.00	2,000.00
Taxes	750.00	767.82	800.00	1,000.00
Janitor	700.00	700.00	800.00	800.00
Heat	600.00	616.73	550.00	625.00
Gas and Water	400.00	385.32	425.00	400.00
Light	450.00	522.09	450.00	525.00
Audit	60.00	60.00	60.00	75.00
Insurance	400.00		400.00	250.00
General Expense	100.00	21.65	100.00	100.00
	<u>\$6,510.00</u>	<u>\$7,068.81</u>	<u>\$6,585.00</u>	<u>\$6,275.00</u>
Surplus	46.00		75.00	385.00
Deficit		408.81		

COMMENT

1. It is with an expression of sincere appreciation to the Corporate Members that we note this information.
2. Sincere appreciation is expressed to Dr. Bradley and to the University of Alberta for these most acceptable gifts.
3. The sum of \$5,000.00 is considered to be a reasonable figure to be carried for emergencies.
4. Noted with gratification.
5. We approve.
We recommend the adoption of the Report of the Committee on Headquarters Property.

APPROVED

MEMBERS OF HEALTH INSURANCE STUDIES COMMITTEE: *H. W. Reid, Chairman, Toronto, Ont.; C. A. E. McCabe, Outremont, P.Q.; T. R. Marshall, Toronto, Ont.; L. V. Janes, Hamilton, Ont.; W. R. Scott, Vancouver, B.C.; W. H. Macneil, Halifax, N.S.; L. Bernier, Quebec, P.Q.*

REPORT

Your Committee begs to report that a meeting was held at C.D.A. Headquarters on March 25 - 26, 1957.

1. Two new members were welcomed — Dr. Louis Bernier, Quebec City and Dr. W. H. Macneil, Halifax.
2. The comment and recommendations on the committees report to the Board of Governors last year was reviewed.
3. Dr. Gullett gave a verbal progress report of the Saskatchewan Dental Services Plan. After discussion of the excellent public relations inherent in the plan and the unanimous support received at the Annual Meeting of the Saskatchewan Dental Association the following motion was passed:—

“That this Committee congratulate the Members of the Saskatchewan Dental Services Plan for their contribution to the Profession and advise them that this Committee is watching their pilot plan with great interest.”

4. For information purposes a contract between a dentist and a Union was presented. By experience it was found to be very unsatisfactory and was terminated by the dentist after one year. From the discussion it was concluded that it was unwise for an individual dentist to enter such contracts.
5. The Secretary had compiled information on the salary range of dentists employed in Canada and it is presented as Appendix A.
6. Information on the comparative incomes of the professions as published in “Taxation Statistics 1956” is presented in Appendix B.

Note—Appendix A and B were considered fully but no recommendations arose from the discussion.

7. The report of the British Columbia Committee on Health Insurance Studies was presented — See Appendix C. 1. Also presented was an extract from the minutes of the Executive of the B.C. Dental Association as follows:

“Dr. W. R. Scott, Chairman of the Health Insurance Studies Committee, advised this committee would meet in Toronto March 25th and 26th and asked what policy this Executive would direct respecting health insurance.

HEALTH INSURANCE STUDIES

The Executive agreed that Dr. Scott should again take up the motion passed at our May 3rd, 1956 meeting, namely:

This Executive requests Dr. Miller, our representative on the Board of Governors, to take this motion to the Board of Governors: "that in the 'Policy Statement on Health Insurance' of the C.D.A. the first clause of No. 3 — 'the principle of contributory health insurance is approved' be deleted and the remainder of paragraph 3 be added on to paragraph 2 to read:

'To this end the dental profession will cooperate with authorities in the formulation of plans designed to improve dental health, provided that such plan or plans assure the development of both preventive and treatment services of the highest standard and that fairness to both the recipients of the services and to those rendering the services be assured.'

CARRIED

The use of the term "Health Insurance" was considered at great length and various substitute terms were considered. The discussion was finally crystallized in the following motion which was passed:—

"That the report of the B.C. Health Insurance Studies Committee be received and that the term "Health Insurance" be retained in the "Policy Statement on Health Insurance" in view of the wide acceptance of this term by both lay and professional people as descriptive of health plans on the prepayment principle"

The terminology of the whole Policy Statement on Health Insurance was reviewed in considering the resolution contained in the B.C. Dental Association Executive Minutes.

It was pointed out that to delete the words "The principle of contributory health insurance is approved" would remove qualification of health insurance—also that the joining of statements two and three, as suggested, would mean the placing of two unrelated ideas in one statement. After lengthy consideration the following motion was passed:—

"That the first sentence in No. 3 be changed to read "The principle of contributory health plans is approved etc." which replaces the word "insurance" by the word "plans"."

8. The report of the Ontario Committee on Health Insurance Studies was presented — See Appendix C. 2.

It was stated that negotiations were well advanced between the Ontario Government and the R.C.D.S. Board towards instituting dental services for some welfare recipients in the province. These will be under the administration of the R.C.D.S. Board and will necessitate the establishment of a Services Board with adequate quarters and staff.

The report was received and considerable discussion took place on the desirable features to be embodied in the formation of such a Board. A statement on 'Group Dental Health Service Plans' was presented — Appendix D.

9. Lengthy discussion ensued on the whole subject of meeting the problem of contracting dental services with groups. It was agreed that such plans should be administered by a body independent of other professional organizations consisting of probably five members two of which might be lay representatives. It was also the opinion of the Committee that the profession should provide leadership in this movement.

Appendix D was studied paragraph by paragraph and the following motion passed:

"That the statement regarding 'Group Dental Health Services Plans' be accepted and recommended to the Board of Governors for adoption and circulation to the Corporate Provincial Bodies for their direction and action"

10. Dr. Grainger presented a report on the Relation of Dental Public Health Education and Research to Health Insurance — Appendix F. Several excellent points are brought out but one that stood out in the discussion was the fact that some dentists in the public health field are in a difficult economic position and as a result men are not taking the training. In fact the numbers actually in public health are decreasing. The seriousness of the situation is pointed up in Section 16 of the C.D.A. Policy Statement on Health Insurance which reads as follows "Dentists qualified in public health should be employed to direct programmes in dental public health education in each area".

"That Dr. Grainger's report be received: That our thanks be extended to Dr. Grainger and that the sentiments expressed be commended to the attention of the Board of Governors."

AGREED

11. The existing schedule of Dental Fees as used by the Department of Veterans Affairs was presented and studied—See Appendix H. The following motion was passed.

"That we recommend that the Board of Governors approach the Department of Veterans Affairs with a view to revising the Fee Schedule"

12. Dr. T. R. Marshall presented an excellent report on the "Principles for establishing proper (Fair) fees for dental services" — See Appendix E. Also in the agenda was an item "Study of Maximum Use of Personnel."

Considerable discussion ensued and it was agreed that these two items formed part of a broad study of the economics of dental practice. Methods of approaching this problem were discussed and the following motion passed.

HEALTH INSURANCE STUDIES

“That consideration be given to a study of the Economics of Dental Practice of which items 13 and 15 of the Agenda are part”

13. A progress report of various dental health plans in the U.S. were presented by Dr. Gullett. These were presented for information and considerable discussion ensued. — See Appendix G.

14. The following motion was passed by a standing vote:

“Resolved that the Health Insurance Studies Committee being keenly aware of the splendid contribution of Dr. Alexander Lowey to the work of this Committee and in view of the personal esteem in which he was held do hereby record its sincere regret at his passing which occurred since the last meeting of the Committee.
and further

That these thoughts be expressed to Mrs. Lowey in a letter from this Committee”.

Hospital Insurance

15. Federal Bill #320 entitled “An Act to Authorize Contributions by Canada in respect of Programmes Administered by the Provinces, Providing Hospital Insurance and Laboratory and Other Services in Aid of Diagnosis” was passed by the House of Commons 10th April 1957.

16. The terms of this legislation are broad and not too specific but the implications in respect to dentistry are important. Radiological and other diagnostic procedures together with necessary interpretations for the purpose of maintaining health, preventing disease and assisting in the diagnosis and treatment of any injury, illness or disability; use of operating room, case room and anaesthetic facilities including necessary equipment and supplies among other services are provided for in the bill.

17. This is enabling legislation and more detailed legislation on the provincial level will follow. The position of dental services in hospitals is involved and emphasis is laid upon the importance of carefully following this development in the provinces. Already some actions on this matter have been indicated in the provinces.

18. The Chairman wishes to express his thanks to the members of the Committee and to Dr. Gullett.

Appendix A

SALARY RANGES FOR DENTISTS

During December 1956, letters were sent out to most known places of employment for dentists in Canada requesting existing salary schedules. Based on the replies (90% returns) received the following data has been compiled.

HEALTH INSURANCE STUDIES

Only full-time salaries have been listed. The variations in part-time employment are too great for concise compilation. All salaries have been stated on an annual basis.

In several cases the replies gave classification without distinction. It can probably be assumed that these classifications depend upon experience.

It will be noted that considerable variation exists within the same categories.

January 1957

FULL-TIME SALARIES FOR DENTISTS

December 1956

DENTAL SCHOOLS

	A	B	C
	Min - Max	Min - Max	Min - Max
Professors of Distinction			
Heads of Departments	6,000		
Professors	6,000	6,000	7,100 - 10,000
Associate Professors	4,800 - 6,000	5,000	6,000 - 6,300
Assistant Professors	3,900 - 4,800	4,000	4,800 - 5,100
Lecturers		2,800	3,100 - 4,000
	D	E	
	Min - Max	Min - Max	
Professors of Distinction	7,850 up	9,000 - up	
Heads of Departments	7,050 - 8,250	8,000 - up	
Professors	6,850 - 7,850	8,000 - 10,000	
Associate Professors	5,550 - 6,600	6,500 - 8,000	
Assistant Professors	4,350 - 5,350	5,000 - 6,500	
Lecturers		3,500 - 5,000	

Schedules in schools A and D are stated to be under consideration for revision.

FEDERAL LEVEL

Department of Veterans' Affairs

	Min	Max
Dental Surgeon, Grade 1	6,060	- 7,020
Dental Surgeon, Grade 2	6,300	- 7,380
Dental Surgeon, Grade 3	6,600	- 7,500
Dental Surgeon, Grade 4	7,080	- 7,680
Assistant Director	7,260	- 7,860
Director	7,500	- 8,400

HEALTH INSURANCE STUDIES

Department of National Defence

Pay and Allowances — R.C.D.C. Officers

	Initial Yearly	After 3 Yrs. Rank Yearly	After 6 Yrs. Rank Yearly	After 9 Yrs. Rank Yearly
O/C (ROTP)	1,500	1,500	1,500	—
2nd Lieutenant	3,972	3,972	3,972	—
Lieutenant	4,740	4,980	4,980	—
Captain	6,420	6,720	7,020	7,320
Major	7,416	7,716	8,016	8,316
Lt. Colonel	8,652	9,072	9,492	9,912
Colonel	10,728	11,148	11,568	—

Note: All figures given are maximum including basic pay, responsibility allowance, subsistence allowance and married allowance. (Responsibility allowance of 60.00 per month is granted to all dental officers up to and including the rank of colonel).

MUNICIPAL LEVEL

	Min	Max
Vancouver		
1. Dentist (Clinician)	6,288	- 7,548
2. Dentist (Director)	7,548	- 9,048
(Negotiations underway to establish third category and substantial increase).		

Calgary

1. Dentist (Clinician)	5,532	- 6,720
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Montreal

1. Dentist (Clinician)	5,427	- 6,227
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Hamilton

1. Dentist (Clinician)	5,300	- 6,700
2. Director	5,550	- 7,050

Toronto

1. Dentist (Clinician)	5,677	- 6,678
(Proviso—to go beyond 6,344 must have public health qualification)		
2. Dentist (Oral Surgery qualification)	5,955	- 7,180

North York

1. Dentist (Clinician)	3,800	- 4,400
------------------------------	-------	---------

Note: Private practice permitted. Required to work ten months of year less school holidays. \$400 car allowance given

HEALTH INSURANCE STUDIES

Provincial Level

Nova Scotia

1. New Graduates without any previous experience	5,220	-	5,940
2. Dentist with at least 3 years experience in private practice	6,000	-	6,480
3. Director with diploma in Public Health	6,720	-	7,500
(Annual increase for above categories 240.)			
4. Dental Hygienist, registered	2,400	-	2,760
(Annual increase 120.)			

Ontario

1. Dentist Group 1	5,000	-	6,000
2. Dentist Group 2	6,000	-	7,500
3. Dental Health Statistician	6,000	-	7,500
4. Dental Director	7,500	-	8,700

Note: It is understood that revision is under consideration.

Manitoba

1. Dentist (Clinician)	4,800	-	6,600
2. Dentist (Clinician)	5,400	-	6,600
3. Director	6,000	-	7,680
(Annual increment 240.)			

British Columbia

1. Dental Officer Grade I (recent graduate)	5,760	-	6,600
2. Dental Officer, Grade II (2 yrs clinical practice)	6,600	-	7,500
3. Dental Officer, Grade III (graduate training in public health or equivalent)	7,500	-	8,100
4. Director	8,100	-	8,700

Saskatchewan

1. Public Service Dentist	5,568	-	6,588
2. Senior Dentist (experienced)	6,180	-	7,032
3. Director	8,400	-	

Salaries in the United States

For comparative purposes the following information has been obtained respecting salaries being paid to dentists for full-time work in the United States. (Information date July 1, 1955).

Dental Schools

1. Initial Salaries—average	4,500.00
2. Full Professor—average	10,000.00

HEALTH INSURANCE STUDIES

Public Health

1. State Dental Director—average	9,786.39
2. Assistant State Dental Director—average	8,833.00
3. Regional P. H. Dentists	8,302.87
4. County Dental Director	8,415.40
5. School Dentist	6,729.70
6. Supervisor Dental Hygienist	4,548.67
7. Non-supervisory Dental Hygienist	3,885.00

U.S. Civil Service Commission

	Min	Max
1. Dental Officer (Graded according to experience).....	5,440.00	- 10,320.00

Appendix B

November, 1956

Public Health Section
Health and Welfare Division
Dominion Bureau of Statistics

THE INCOME OF THE HEALTH PROFESSIONS — 1954

The following material is taken directly or is derived from the recently published "Taxation Statistics 1956" and previous issues, prepared by the Taxation Division of the Department of National Revenue and published by the Queen's Printer, Ottawa.

Its purpose is to show the figures for specified health professions in relation to certain selected other categories.

In examining the data the following are important points to remember:

- (i) The comparisons of professions or occupations are more in the way of illustrations than of actual comparisons because some members of the health professions (the salaried) are hidden in "Employee" groups, also some professions are submerged in a residual group of "Other Professionals";
- (ii) The statistics presented have been computed from a ten per cent sample of all but the late-filed individual returns in each year;
- (iii) The occupations as such are based on the "method of earning income rather than strictly on the type of work performed. Thus, a doctor or lawyer working on a salary basis is classed as an employee while only those engaged in practice for profit are listed in their professional capacity", (p. 25 "Taxation Statistics 1956"). This applies to all specified occupations other than the employee group. The nursing group, for instance, will exclude those nurses that are in salaried positions.

HEALTH INSURANCE STUDIES

TABLE I

Assessed Average Income for Returns Filed by
Tax-Paying Individuals

	1952 \$	1953 \$	1953 % change from 1952	1954 \$	1954 % change from 1953
Consulting Engineers and Architects	12,266	10,289	16.1	12,059	17.2
Lawyers and Notaries	9,222	9,955	7.9	11,925	19.8
Medical Doctors and Surgeons	10,522	11,258	7.0	11,891	5.6
Dentists	7,112	7,485	5.2	7,896	5.5
Nurses	1,894	1,883	0.6	1,993	5.8
All Occupations	3,288	3,383	2.9	3,433	1.5

Comment: Between 1953 and 1954 the three health occupational groups shown all increased in income over the previous year. All of them showed fairly uniform increases of between 5 and 6 per cent, as compared with a 1.5 per cent increase for all occupations, and larger proportional increases for the two leading occupations.

TABLE II

Number of Returns Filed by Tax-Paying and by
Non Tax-Paying Individuals

	1952		1953		1954	
	Tax Paying	Non Tax- Paying	Tax Paying	Non Tax- Paying	Tax Paying	Non Tax- Paying
	(Number)					
All Occupations	3,125,100	1,270,610	3,389,530	1,292,890	3,410,160	1,393,250
Consulting Engineers and Architects	1,740	230	2,150	210	1,910	180
Lawyers and Notaries	5,050	640	5,390	740	5,650	510
Medical Doctors and Surgeons	9,520	940	10,140	750	9,920	740
Dentists	3,790	420	4,460	400	4,120	430
Nurses	3,420	1,160	3,720	1,230	3,330	1,210
All other Occupations...	3,101,580	1,267,220	3,363,670	1,289,560	3,385,230	1,390,180

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Comment: The "Survey of Physicians in Canada, June, 1954" of the Department of National Health and Welfare, listed 14,163 active civilian physicians at June, 1951, and 15,651, at June, 1954. (Both totals exclusive of the graduates of their respective years; both totals irrespective of whether the physicians were salaried or not).

The number of returns filed by physicians paying income tax in 1954 declined by 2.2 per cent from the number filed in 1953.

The Census for 1951, which disregards the method of earning income (salaried or not), indicated a total of 4,608 dentists in June of that year.

The Census for 1951 indicated a total of 35,138 graduate nurses. The non-salaried nurses filing the returns noted in Table II constitute only a small proportion of the members of the nursing profession.

There is no obvious explanation for the recorded decline in the number of tax payers among the three health professions between 1953 and 1954. Some of the difference may perhaps be ascribed to a greater proportion occupying salaried positions.

TABLE III
Percentage Distribution of Taxable Returns
and Assessed Income of Individuals

	1952		1953		1954	
	Number of Returns %	Amount of Income %	Number of Returns %	Amount of Income %	Number of Returns %	Amount of Income %
Grand Total	100.0	100.0	100.0	100.0	100.0	100.0
Consulting Engineers and Architects	0.06	0.21	0.06	0.19	0.06	0.20
Lawyers and Notaries	0.16	0.45	0.16	0.47	0.16	0.58
Medical Doctors and Surgeons	0.30	0.98	0.30	1.00	0.29	1.01
Dentists	0.12	0.26	0.13	0.29	0.12	0.28
Nurses	0.11	0.06	0.11	0.06	0.10	0.06
All other occupations	99.25	98.04	99.24	97.99	99.27	97.87

Comment: The proportion of health professionals among tax-payers has

changed very little over these three years. With the exception of the nurses, all of the selected occupations account for a higher proportion of total income than of the total number of tax-payers.

TABLE IV
Ranking of the Five Selected Occupations

	1952	1953	1954
Consulting Engineers and Architects	1	2	1
Lawyers and Notaries	3	3	2
Medical Doctors and Surgeons	2	1	3
Dentists	5	5	5
Nurses	last	last	last

Comment: Physicians, despite the increase in their incomes shown in Table II, dropped to third in rank in 1954, but the difference between the three top ranking incomes in 1954 was only between 1 and 2 per cent. These differences were considerably higher in the two previous years, when physicians ranked first (in 1953) and second (in 1952).

Appndix C. 1.

BRITISH COLUMBIA
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To most laymen and dentists alike the terminology “Health Insurance”, implies a government sponsored and controlled prepaid health scheme. The Federal Government apparently includes several forms of health services; treatment, hospital care, etc. when referring to Health Insurance.

The Canadian Dental Association, in its wisdom, believes it is well to accept the broad implication given by the government to this phrase.

The more restricted view-point of the laymen and members of the profession, has no doubt been created by the publicity given to the National Health Scheme of Great Britain.

It would be well for our profession to reconsider the different connotations of the phrase Health Insurance, as accepted by the public and the government and to rewrite any statements of policy regarding this all important subject.

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A statement of policy on health insurance has been approved by the Canadian Dental Association. This reads in part "The principle of contributory Health Insurance is approved, provided that" etc.

If the layman's connotation is applied to the term Health Insurance in the above sentence regardless of the provisions then an erroneous meaning has been attached and the profession has been placed in jeopardy.

If, however, the government places the same interpretation on the phrase Health Insurance, as intended by the C.D.A. cognizant of the provisions laid down in the remainder of the statement, then this statement of policy has served a useful purpose.

In the opinion of this committee it would be well for the health profession to adopt a substitute phrase for Health Insurance which in time through common usage, would have less stigma attached to it, and more precise meaning.

This committee would suggest that the phrase Health Education, Services and Treatment or the phrase, Health Services should replace the phrase Health Insurance.

The statement of policy of the C.D.A. would then read "The principle of contributory Dental Health Education Services and Treatment Plans is approved provided that etc."

We should leave no doubt in the minds of the government or the laity as to just what we do mean. We do not believe in complete socialization of our profession, but we do believe that some changes in the form of dental health service are inevitable and would be beneficial to the population as a whole.

Appendix C. 2.

ONTARIO HEALTH INSURANCE STUDIES COMMITTEE

No formal Committee meeting has been held in the last year. The brunt of the work has been carried on by our Registrar Secretary, Dr. Dunn. He has had numerous conferences with the Deputy Minister of Welfare, particularly in the last six months. He has supplied information and direction to the Government previous to the announcement of their intention to inaugurate a treatment service for some relief recipients. Since a reference of such a service in the Speech from the Throne, he has spent two days in Edmonton, Alberta, where he made an intensive study of the plan operating in that province. He will be required to spend considerable more time in conference with government officials before this service is commenced in Ontario.

At the outset the treatment will be restricted to seventeen year olds and under, who qualify under the Mother's Allowance Act and the Unemployment Relief Act of this province. However, restricted as it is to only a certain

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section of Welfare Recipients, it may well serve many more than the comprehensive plan operating in Alberta.

Some problems are bound to come up which will be dealt with by the R.C.D.S. Board at their annual meeting in May, i.e.:

Staff will be required to keep records and administer the plan

The staff will require office space,

The remuneration per recipient will have to be agreed upon.

There exists a considerable gap between what the Ontario Government believes the plan should cost and that which we know from statistics to be the case.

Our legal status in Ontario relative to hospitals is quite unsatisfactory. The situation has not been rectified but since we understand the Cabinet has it under consideration, more information may be at hand by the time this report reaches the committee. The position of Dentistry in the proposed Government Hospital Plan will depend to a large extent on their findings.

We are entering a very important phase of Health Insurance and the decisions made by the Government and the Dental Legal body in the immediate future are of vital importance to the Profession of Dentistry.

Ontario Representative,

Dr. M. V. J. Keenan,

Ontario Health Insurance
Studies Committee

Appendix D.

GROUP DENTAL HEALTH SERVICES PLANS

During recent years a considerable number of lay groups and organizations have made approaches to dental organizations requesting information respecting the securing of dental services on a group basis. Three main reasons lie behind these requests.

1. Due to economic changes which have occurred during recent years people in general are in an improved position to purchase dental care.
2. A definite socio-economic trend exists wherein people desire to provide for health services through regular contribution.
3. Medical and hospital services are available on a group purchase basis and as a result a demand exists for dental services on a similar basis.

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The Situation

Dental treatment services have been purchased on an individual basis. The group purchase of dental services requires the introduction of new methods. For this purpose negotiation of an agreement between those providing the services and the recipients of the service is a necessity. Such contract represents a definite agreement between the buyers and sellers of dental services.

The buyer must know what he wants to buy and can afford to purchase. The seller must know what he has to offer, at what price and how to administer the services satisfactorily for both parties of the agreement.

Experience has shown that the buyers can be adjusted through education to accept those services best suited to their needs and which the profession is in a position to supply on a satisfactory basis. It is imperative that the profession does not contract for rendering services which are impossible to provide. The type of service may vary greatly to meet the best needs of the group concerned.

Of necessity the second party (representatives of dentistry) to such agreement must first be in possession of definite factual information before entering into negotiations directed toward the signing of a contract of any kind. Certain fundamental and pertinent points arise:

1. Cost

The establishment of cost of service is essential. A fee schedule satisfactory to the members of the profession on the provincial level should be established. This fee schedule should not be considered of a permanent nature but subject to adjustment from time to time. Care should be exercised in being certain that the established schedule is **fair** to **both** parties concerned. The availability of a fee schedule at all times is imperative in order to meet demands that may be presented.

2. Administration

(a) The administration should be under the control of the dental profession on a province-wide basis. Experience has shown that the existing plans under control of the profession have developed and been the most successful. The operation of plans on lower than provincial level results in increased costs of administration and lack of uniformity within a province. Provincial administration gives greater financial stability and minimizes the effects of economic changes in a single municipality. Volume is an important consideration and as the number in the plan increases the per capita cost of administration is reduced.

(b) A non-profit incorporated board or commission (e.g. Dental Services Board) should be established for administration purposes. This board should be separate from other organized dental bodies. The work of the board should be confined to the administration of the plan itself. Questions related to the rendering of service should be dealt with by the appropriate committee of the provincial dental body.

(c) The estimated costs of administration must be included in any contract.

3. Procedure

The establishment of an acceptable fee schedule and administrative board should not be left in abeyance. While under the stress of pressure from some group or organization is by no means the best time for such action. The fee schedule should be established through careful survey by the appropriate provincial body. The means of establishing a non-profit incorporated board may vary somewhat from province to province. Other boards for similar purposes have been established in the provinces. Through inquiry with such established bodies and from legal sources the frame-work for such a board can be set up in readiness for action and **this** at least should be done without delay.

4. Education

(a) In all plans education forms a most important feature. The dentist must not only be educated to understand the operation details of the plan but it is essential that he know the whole purpose behind the plan. Initially this has been a difficult matter in the establishment of many plans. Whereas in the beginning members of the health professions have opposed in great numbers it has been found that they support properly organized plans after they have been in operation a short time. A real need exists for education of the participating dentist before bringing any plan into operation.

(b) The recipient of the services in the plan must be made fully aware of all details related to the plan. Furthermore, it has been shown that continuing educative effort is necessary for successful operation of such plans.

Conclusion

1. Necessity exists for the development of factual data related to group purchase of dental services.
2. The dental profession should protect itself in being ready to deal with such requests when presented.
3. Such action places the profession in a position to not only meet present demands but should provide proof of capability in administration for future health plans.

PRINCIPLES FOR ESTABLISHING PROPER (FAIR) FEES FOR DENTAL SERVICES

In setting up the principles for establishing fees for dental services, there are both professional and business aspects to be considered. In modern business there is a tendency for the Vendor to assume the Purchaser can judge value for himself so he sets his profit margin at whatever the traffic will bear — professional people, on the other hand, should appreciate that their clients know very little about the value of their services so they are in a position of trust. The primary motive of business is profit, with that of the professions it is service with profit. Fees for dental services should be understood by prospective patients and justified by explanation of services. This is conducive to an atmosphere of mutual confidence.

With this preamble the following principles are offered:

I. Value of the Service to the Patient

The dentist must determine this value by consideration of the health, comfort, functional and sometimes esthetic needs of the patient; the urgency of those needs and the patient's ability to pay for the services.

II. The Value of the Service to the Dentist

The dentist must determine the value of the service to himself with due consideration of his dependents and his future.

1. (i) Fees should produce sufficient income to pay —

(a) Practice overhead

(b) Laboratory, artificial teeth and precious metal costs.

This item is not a general practice overhead. Such charges should be added to professional fee for patient where such costs are incurred in the service.

(ii) A personal income that is sufficient to enable him and his dependents to live on a plane similar to other business and professional people in his community, and to permit him to build an estate.

(iii) A practice profit to compensate for capital investment.

2. Fees should compensate for qualifications and skill.

(i) Specialist qualification should entitle the holder to higher fees than general practitioners because of developed skill and willingness to assume greater responsibility.

- (ii) The dentist who can produce consistently better quality of service in general practice is also entitled to higher compensation than for average ability.
3. Fees should compensate for risk and responsibility in a given service. It is understood a dentist is responsible for services he undertakes within reason. However, the risk and responsibility varies in services and patients; therefore, when these factors are greater, some increase in fee can be justified.
For example:
- (i) While quality service is always expected, it is recognized there are different types of quality service—e.g. gold inlay versus amalgam restoration etc. There is more difficulty and responsibility in the more elaborate and complicated types of service.
- (ii) Some people expect more in service, effort, etc., than others, therefore, when such are encountered a contingency fee, perhaps on a percentage basis, could be added.
4. Time is a business principle in fee determination but it should be related in quality and quantity of service produced by the dentist.

Time, as a factor in fee determination, is usually considered as "chair time" spent with the patient. Chair time facilitates the fair apportionment of projected "practice overhead", "personal income (salary)" and "practice profit" to various services on chair hour basis. To illustrate this (1) data is taken from the C.D.A. Survey of Practice Report, 1954.

Suppose —

Practice overhead	\$6,200.00	
Personal income	\$8,700.00	\$14,900.00
5% Practice profit	\$ 800.00	\$15,700.00

Therefore gross earning (2) objective \$15,700.00

Chair time per annum 1,600 hours.

Therefore basic chair hour fee $15,700/1,600 = \$10.00$ approximately.

It should be realized these figures have been selected as being relative and having some basis in fact but are used only as illustration.

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- (1) This data is calculated from the average across Canada for 1953. Chair hours are calculated from table XIII on a basis of 49 business weeks annually. Practice overhead figures are calculated from table XVIII and personal income from table I figures have been increased in both cases by 15% and brought to next hundreds. (This was done to approximate increases since 1953).
- (2) This objective does not include laboratory services, artificial teeth or precious metal charges to patients as these are not part of a basic hourly fee.

The time principle in fee determination is always a personal factor; it varies with each dentist and with the same dentist in operations of the same type. A reasonably accurate average operating time for various services should be ascertained by each dentist by keeping "chair time" records. If this is done, variable chair hour fees from a known basis could be used to apply principles indicated in previous paragraphs. Such variable chair hour fees might be \$10 - \$12 - \$15 or other amount to compensate as thought fair and proper.

III Value of Service in the Community

The prevailing fees for dental services in a given community should be considered in fee determination because it is the service value people know. Education in appreciation of better dental care will promote a higher community value.

1V. Service with a Conscience

— is a professional principle in fee determination. It is a practice builder, it has regard for patient and public welfare, and it promotes both personal and professional good public relations.

The foregoing are submitted as broad principles in professional fee determination. They are briefly stated and it is hoped they embrace the major considerations. They are practical if thought is given to them in their application.

Respectfully submitted,

T. R. Marshall

THE RELATION OF DENTAL PUBLIC HEALTH EDUCATION AND RESEARCH TO HEALTH INSURANCE

By R. M. Grainger

In the policy statement on Health Insurance of the Canadian Dental Association there are set down, the principles:— (1) that Dental Public Health Education is considered essential for the people to make the most effective use of the dental services and control measures available, and (2) that the role of dental research is to discover and demonstrate even more effective preventive and treatment methods. Admitting the professionally recognized urgent need for research, the need for education of the public is greater because common application of the procedures now available is already lagging by many years. A serious, energetic, nation-wide educational program must be organized to prepare the public to accept the future new services on a much wider scale than today, if the research is to be worthwhile. Furthermore in the event that dental services become incorporated into a formal Health Insurance scheme the introduction of new procedures must not be blocked by their absence from the official fee schedule or by regulations restricting their practice by all qualified licentiates. The purpose of this brief is to enlarge on the importance of these two issues.

Education of the Public in the Effective Use of Dental Services and Control Measures.

The need and effectiveness of public education and cooperation in the prevention of fires, improvement of sanitation, advancement of traffic safety, reduction of accidents in industry, acceptance of quarantine for infectious disease control is well known, and thus the success of the several pilot studies in dental public health education should not be surprising. The public is not apathetic but lacks information regarding the complex nature of the dental diseases and their control. The importance of caring for the deciduous teeth, use of space-maintainers, practice of oral hygiene immediately after eating, avoidance of sweet foods between meals, proper nutrition at time of tooth development, and last but not least fluoridation, are not appreciated or acted upon by the majority of the population and yet if fully applied could almost eliminate dental defects as a public health problem. We are surely under an obligation to the public to urge the full application of these proven relief measures now without waiting for the uncertain development of some more palatable or singularly effective method which may not exist.

The development of the vitally important dental health educational programs in this country is not progressing satisfactorily due mainly to the

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absence of overall co-ordination, lack of physical facilities, and the insecure employment arrangements available for the few trained dental health workers available. Under these conditions recruitment of more trained workers is not only difficult but unfair, and those already active in the field are being forced to seek other employment. As a solution to these difficulties it is advocated that consideration be given to the founding of a non-governmental non-professional, Incorporated National Society for the Control of Dental Diseases which could act as a fund raising agency and which could supply non-partisan direction and effective sponsorship in the field of Dental Health Education.

Importance of an Amendable Schedule of Acceptable Dental Treatment Service

There is a danger lest in the presence of public ignorance, the schedules of acceptable operations and fees which have been adopted by the currently operating pre-paid dental service plans in the United States and Canada be interpreted as defining the limits (present or future) of acceptable dental practice. The capabilities of the general practitioners or the specialist groups are constantly expanding due to improvement in the undergraduate teaching at the Universities and the inclusion of newer methods learned in post-graduate courses. But at any one time not all the profession will have received up-to-date training in such subjects as endodontics, pedodontics, or orthodontics and the extremes in service a patient might receive from different practitioners could be rather marked. The problem is how to devise a schedule of accepted treatments and fees which is at the same time fair to the progressive members of the profession and to the public and which will be freely modifiable to include newly developed services. Of particular concern to this writer is the latter, and the point will be illustrated by a reference to the developing field of interceptive orthodontics.

The largest single dental research undertaking in Canada is the Burlington Orthodontic Research project which has as one of its main objectives the development and demonstration of interceptive orthodontic treatments which can be performed by the general dental practitioner. The project, begun in 1952, has cost to date \$100,000.00 and is expected to run for another six years at least. Within a few years it is hoped that undergraduate orthodontic treatment can be greatly expanded so that the future graduates of dental colleges will be capable of performing a fairly standard treatment for such conditions as simple crossbites, congenitally missing teeth, anterior protrusion associated with finger or tongue habits, space maintenance and regaining where early loss of teeth has occurred from caries. These and other procedures should be, a part of general dental practice but they could not be practiced within the regulations and limited operation schedules of most of the pre-paid dental service plans functioning today. If these regulations governing the pilot programs were taken and applied on a national scale the natural development of the dental profession would be almost impossible.

The way to avoid this pitfall is not entirely clear but it would seem fundamental to insist that any schedule of acceptable operations and fees must be provisional and must be open to revision at prescribed intervals. In addition it may be wise to provide a supplementary slate of operations which with the approval of a highly competent professional referee might be performed by licentiates who have received training in performing the supplementary treatments. This required training need not be at the speciality level but could have been acquired simply by virtue of being a recent graduate from an up-to-date dental college or might have been obtained at the licentiates own initiative while attending a short but formal postgraduate course. Such recognition of ability and education above the minimum required for initial acceptance as a licentiate would place a sensible premium on the services of the progressive members of the profession and would enable newer services to be introduced to the public without confusion. The place of continuing education and recognition of differences in professional qualifications above the minimum licensing standard has been a working principle with the teaching profession for some years. It has been possible for the conscientious teacher to continue to improve himself by summer courses and he can expect to benefit himself as well by achieving a higher rank in his profession.

Appendix G.

SUMMARY STATEMENTS — GROUP DENTAL SERVICES PLANS IN UNITED STATES

The following are types of dental health service plans operated
by private agencies (non-government)

Group Dental Health Insurance, Inc.

On February 2, 1948 certificate of incorporation was issued for the operation of this plan in the state of New York on a non-profit basis and it became the first non-profit dental health insurance corporation. Premium and fee schedules were agreed upon with the First District Dental Society of the State of New York and the plan started operation on August 15th, 1954

A requirement of the plan was that the first \$150.00 of cost of initial care was established as the subscriber's responsibility. The income level, separating indemnification from fee for service, was arbitrarily set at \$5,000. The fee schedule was set admittedly low keeping both benefits and saleability in mind which means that those rendering the services would be subsidizing the plan.

Owing to the lack of attraction for subscribers, alterations were made in the plan at the end of the year 1956. Up to this time it is reported that only

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two groups of employees (300 in all) were enrolled, one group at time of enrollment was reduced to \$10.00 and prosthetic fees were increased 20%.

The G.H.D.I. Plan is an attempt to provide dental health coverage through a commercial carrier with minimum expense. This plan is still in an experimental stage of development.

I.L.W.U. - P.M.A. Programme

(See 1956 C.D.A. Transactions p. 165)

Note should be taken of the fact that this plan was initiated by labour and management. This type of plan was initiated in California (October 1954) and with certain variations now operates in two additional states namely Washington and Oregon. The following points are to be noted.

1. The California, Oregon and Washington State Dental Associations have set up non-profit service corporations for administering the plan
2. Children are covered up to age 15.
3. Monies are provided from established Union Welfare Funds.
4. Orthodontics and cosmetic dentistry are specifically excluded.
5. Maximum amounts, funds will pay for any one child are: California \$75.00, Washington \$95.00, Oregon \$100.00.
6. An education programme with emphasis on prevention is being carried on with the plan.
7. Children may go to any dentist who is a member of the American Dental Association.
8. Checks on quality of care are carried out.
9. Payment to dentists is based on an approved fee schedule.

Group Health Association, Inc.

This Association was organized as a non-profit corporation under the laws of the District of Columbia in 1937. The dental program was added to the medical services in 1949 on a fee for service basis and not as a part of the pre-payment plan. However, emergency dental service was provided as required for the entire membership of the association (20,000) essentially white collar persons. The Association assumed financial responsibility for the programme in order to provide data on which to base the ultimate prepaid dental service. The statistics as developed (over a six year period) clearly indicate that once the initial accumulation of dental disease and neglect has been eliminated, the maintenance rate in large groups remains constant and is, therefore, susceptible to the application of the prepayment insurance principle. A feature of this plan is that patients who chose the complete dental service are required to accept all indicated treatment on recall basis. The plan is operated in a clinic.

Labour Health Institute

Incorporated 1945 by Warehouse and Distribution Workers' Union (St. Louis). Originally for medical, surgical and hospital benefits, dental benefits added June 1946. Administered by trustees representing labour, management and the public with medical conference committee acting in advisory capacity. The union sets aside a stated sum of which approximately 15% was expended on dental services in 1952. The institute claims that subscribers are provided with full and comprehensive dental services. The staff consists of part-time dentists equivalent to 5.3 full-time dentists and there are approximately 15,000 subscribers. The Dunning report indicates a lack of adequate records for any evaluation, a noticeable lack of evidence of completed cases and lapses in maintenance care.

Blue Cross and Blue Shield

Partial dental benefits are provided under these plans. The services are confined to chiefly those of oral surgical interference. Payment is made on a fee for service basis. Wide variation exists between individual plans as to hospitalization of patients for oral surgical procedures.

Appendix H.

DEPARTMENT OF VETERANS' AFFAIRS

Schedule of Dental Fees for Payment to Civilian Dentists

The schedule of fees has been approved according to law and shall apply to the payment of accounts for authorized treatment and in the collection of recoverable charges. Fees for dental operations other than those listed and fees in excess of those allowed for similar operations must be approved by the Director.

(NOTE: Letters in parentheses are reference to explanatory comments in similarly lettered sub-paragraphs immediately following this schedule.)

(a) Authorized diagnosis and report	\$ 2.00
(b) Treatments	
(1) Prophylaxis (Includes scaling and polishing)	3.00
(2) Minor periodontal treatment, each	2.00
(3) Emergency (Palliative)	2.00
(4) Pulp Cap	2.00
(c) Radiograms and Diagnosis	
(1) Single — intra-oral film (Bite-wing or apical)	2.00
(2) Each additional film	1.00

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(3) Complete series, upper or lower (7 films)	6.00
(4) Full mouth series (14 films)	10.00

(d) Surgery

(1) Extraction under local anaesthesia	
First tooth in each quadrant	3.00
Each additional tooth in same quadrant	1.00
(2) General anaesthesia	5.00
Extraction each tooth	1.00
Oral Surgery, including impactions and fractures.	
Detailed report and radiograms are required.	
Fee will be set by Director.	
(3) Extirpation of pulp, treatment and filling of root canal.	
Fee will be set by the District Chief of Service - Dentistry	

(e) Single tooth restorations

(1) Amalgam (1 surface)	2.00
(2) Amalgam (2 surfaces)	4.00
(3) Amalgam (3 or more surfaces)	6.00
(4) Silicate	4.00
(5) Acrylic	5.00
(6) Inlay or foil, gold (1 surface)	8.00
(7) Inlay or foil, gold (2 surfaces)	12.00
(8) Inlay or foil, gold (3 or more surfaces)	15.00
Crown, gold cast occlusal	18.00
(9) Crown, gold anterior	15.00
Crown, gold repair, including recementation	7.00
(10) Crown Porcelain Jacket	\$35.00
Crown Porcelain Jacket Remake	20.00
(11) Crown Acrylic Jacket	25.00
Crown Acrylic Jacket Remake	15.00
Recementing inlay or crown	2.00

(f) Fixed Bridges (Attachments as in (e) above)

Pontic (Including soldering to attachment)

First pontic in each bridge	12.00
Each additional pontic in same bridge	10.00

Repair bridge using new unit (abutment or pontic)

 Regular fee, as above, for new unit plus assembly,
 solder and recement

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— 1 abutment	3.00
— 2 or more abutments	5.00
Replace porcelain facing	4.00
Recement bridge with one abutment	2.00
with two or more abutments	3.00

(g) Removable partial dentures (attachments as below)

Base and teeth	35.00
(1) Clasp, gold, wrought, with rest	5.00
(2) Clasp, gold, cash, with rest	6.00
Bar, stainless steel	4.00
(3) Bar, gold wrought assembled	10.00
(4) Bar, gold cast assembled	18.00
Extension to replace extracted teeth	
First tooth	5.00
Each additional tooth	1.00
Remake partial denture (using teeth and attachments of present denture)	30.00
Reline partial denture	15.00

(h) Complete Denture

Upper or lower, each	50.00
Upper or lower, Remake (using teeth of present denture)	45.00
Upper or lower, Reline or Rebase Processed	20.00
Upper or lower, Reline or Rebase Self-cured	10.00

(i) Repair Denture, partial or complete

Base only	5.00
Each tooth replaced	1.00
Repair or extension requiring an impression of the arch	5.00

Explanatory Comments and Specifications for Dental Operations

(NOTE) Letters refer to similar cross reference letters on fee table

- (a) Before making an authorized examination, dental surgeons must remove such calculus or debris as is necessary to permit making an accurate diagnosis and report; the report must be complete in all details, otherwise a fee for examination will not be allowed.
- (b) (1) A prophylaxis will be interpreted as the removal of calculus plus the polishing of the teeth and is authorized only when no morbid changes requiring periodontal treatment are anticipated. It may not be construed as an additional fee to that authorized for other periodontal treatments.

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- (2) Periodontal treatments in addition to a prophylaxis may be authorized only following receipt of a recommendation from the operator which clearly indicates the necessity for such treatment by a detailed report of the present periodontal condition, the proposed treatment and the prognosis.
 - (3) Fees for emergency treatment, other than palliative, will be allowed in accordance with fees provided for the respective operations carried out.
 - (4) The fee for pulp caps will be allowed only when there is actual pulp involvement and where there is a reasonable chance of pulp preservation. A recognized pulp capping material will be used.
- (c) (1) (4) Radiograms will be authorized by the District Chief of Service—Dentistry when required as an aid in diagnosis. Films which are distorted, or which fail to show sufficient area to be of value as an aid to diagnosis, or which are not clearly marked with the name and number of the patient and the date will not be accepted or paid for.
- (d) (1) Extractions will ordinarily be made under local anaesthesia. Extractions without an anaesthetic should not be undertaken. The maximum fee for extractions in any case will not exceed \$30.00.
- (2) General anaesthetics will be authorized only in exceptional cases. Anaesthetist's fee (other than the dentist) will be submitted as a separate account to Admission Services for payment.
 - (3) Extirpation of pulp and root canal filling will be authorized only in exceptional cases where the District Chief of Service—Dentistry is satisfied that a successful result may be expected. The treatment must be carried out by a capable operator using a modern standard method.
- (e) Note: The use of rubber dam in the insertion of all fillings is advocated.
- (1) (2) (3) Cavities to be filled with amalgam will have, where indicated, a protective base against thermal shock inserted at no additional charge. All fillings must be properly contoured, have a correct contact point, and must have grooves and cusps carved to occlusion. The maximum fee for amalgam fillings in any one tooth surface will not exceed \$2.00, nor will the maximum fee for amalgam fillings in any one tooth exceed \$8.00.
 - (4) (5) Teeth to be restored with silicate or acrylic will have the pulpal wall protected with radiopaque material impervious to the filling ingredients at no additional charge. The maximum fee for such

HEALTH INSURANCE STUDIES

restorations for any one tooth will not exceed, for silicate \$8.00 and for acrylic \$10.00.

- (6) (7) (8) Gold used for inlays and abutments will be of approved A.D.A. metallurgical standards. Inlays not used as bridge abutments will be authorized only for the six anterior teeth, upper or lower, where the incisal edge or angle is involved. (For R.C.M. Police members, inlays may be provided for the eight anterior teeth, upper or lower).

Inlays for posterior teeth may not be authorized except for use as bridge abutments.

- (9) Biting surfaces of crowns must be heavily reinforced with 18K solder.

- (10) (11) Jacket crowns may be authorized by the Director where they are indicated and indispensable for the preservation of the vitality of teeth.

- (f) Fixed bridges may be authorized for replacement of the six anterior teeth, upper or lower, except in the case of R.C.M. Police members where eight anterior teeth, upper or lower, may be replaced by this type of restoration.

- (g) Partial denture, either arch, may be authorized only where three or more artificial teeth are used in its construction.

- (1) (2) All clasps must grasp opposing convex surfaces (double arm) and have a rest to prevent gingival displacement.

- (2) (4) Cast clasps and bars will be authorized only where anatomical or occupational conditions demand their use.

- (3) (4) Gold bars must be of approved A.D.A. metallurgical standard and not what are commonly termed "gold cased" bars.

- (h) (i) In the construction of removable appliances, a recognized and accepted dental technique will be followed. Recognized brand materials and teeth of highest quality only will be used.

COMMENT AND RESOLUTIONS

1. & 2. Noted.

3. The following resolution is presented:

Whereas the Saskatchewan Dental Services Plan as presented fulfils the principles of post-payment plans adopted by the C.D.A., and

Whereas the Saskatchewan Dental Services Plan has been in operation a sufficient length of time to prove its efficacy and desirability, therefore be it

HEALTH INSURANCE STUDIES

Resolved that the C.D.A. confer its official approval on the Saskatchewan Dental Services Plan.

ADOPTED

4. Agreed.

5. & 6. Information.

7. That no change be made in the C.D.A. "Policy Statement on Health Insurance".

8. Informative.

Turn to Appendix D.

1. 2. 3. Information.

The Situation — Information.

1. Cost — Agreed.

2. Administration — Agreed.

3. Procedure — Agreed.

4. Education — Agreed.

Conclusion

1. 2. 3. Agreed.

9. Reverting to paragraph 9 of the report, the following resolution is presented:

Whereas it is mandatory that the dental profession give leadership to the development of dental service plans on an approved basis, and

Whereas health services are constitutionally administered on a provincial level, therefore be it

Resolved that the statement regarding "Group Dental Health Services Plans" be approved.

ADOPTED

10. We present the following resolution:

Whereas the dental profession has placed great emphasis upon participation in public health activity, and

Whereas public health agencies desire to include dentists who are properly qualified to contribute to public health, and

Whereas there is an urgent need to attract suitable recruits for public health training and service, and

Whereas it is desirable to retain the valuable services of those already engaged in this field, therefore be it

HEALTH INSURANCE STUDIES

Resolved that as a reasonable inducement to participation in public health dentistry, such personnel should enjoy proper professional status within departments of health and receive salaries comparable to other public health personnel having equivalent professional training.

ADOPTED

11. Approved.

12. We present the following resolution:

Whereas it is desirable that a study of the Economics of Dental Practice in Canada be undertaken, and

Whereas the problem possesses such complexities that conscientious consideration should be given to the development of such a study, therefore be it

Resolved that the Health Insurance Studies Committee be requested to attempt to develop a method whereby a study of the Economics of Dental Practice in Canada may be developed and report to the next meeting of the Board of Governors.

ADOPTED

13. Information.

14. We note with regret the passing of Dr. Alexander Lowey and hereby acknowledge his many valuable contributions to the work of this committee.

15. - 17. We note with interest this evidence of the fact that Canada has now entered into the third stage of the projected five-stage program of Health Insurance.

18. Agreed.

We recommend the adoption of the Report of the Health Insurance Studies.

APPROVED

HOSPITAL DENTAL SERVICES

MEMBERS OF HOSPITAL DENTAL SERVICES COMMITTEE: *D. M. Tanner, Chairman, Toronto, Ont.; F. A. Smith, Vancouver, B.C.; G. A. Buchanan, Winnipeg, Man.; R. E. Diprose, Toronto, Ont.; J. Methven, Toronto, Ont.; G. de Montigny, Montreal, P.Q.; J. Sherman, Toronto, Ont.; A. A. Antoni, Toronto, Ont.*

REPORT

1. The Committee has had considerable difficulty in assessing the standards of various hospital dental services. In reviewing different services it was found that the present "Basic Standards of Hospital Dental Services in Approved Hospitals" was inadequate for the proper assessment of such services. Therefore, the committee reviewed the 'Basic Standards' and compared them to A.D.A. standards. A unification of the two standards was made and form Appendix A. of this report.

2. The Committee has spent many hours in discussion of the legality of dental services in hospitals. We feel that there has been improvement in the situation since last year. There is little difference of opinion between our profession and the medical profession as to the status of dentistry in hospitals.

The Committee, however, very strongly stressed two points.

- (a) dentistry must be an autonomous department,
- (b) that when oral surgery is performed or where a division of oral surgery exists, oral surgery must be a joint responsibility of the Surgeon-in-Chief and the Dental Surgeon-in-Chief.

3. Without dental consultation the Ontario Government prepared a model by-law for hospitals in which is contained a section on dental services; needless to say this Committee made numerous amendments but none so serious to deter further negotiation.

4. Certificates for the approval of dental services in hospitals and dental internships have been hand drawn and are now being printed. They will be framed and sent to the approved hospitals.

5. The policy of the A.D.A. Journal is to accept notices of dental internships only from hospitals approved by the A.D.A. or approved by the C.D.A. It is recommended to the Committee on Publications that the same policy hold with the Journal of the Canadian Dental Association. It may be said that all hospitals and dental services in hospitals across Canada were informed that they should seek approval from the C.D.A., of their services and internships when such standards were established, this was so noted in the Journal of the C.D.A.

6. The Committee was directed by the Board of Governors to investigate what action should be taken by this Association in respect of Civil Defence. The letter to the Secretaries of the Corporate Members attached as Appendix B. is explanatory of our deliberations.

HOSPITAL DENTAL SERVICES

Appendix A.

**HOSPITAL DENTAL SERVICES
AND
DENTAL INTERNSHIPS**

CANADIAN DENTAL ASSOCIATION

1957

PREFACE

The Hospital Dental Services Committee and the Council on Dental Education of the Canadian Dental Association have prepared this booklet as a guide to hospital administrators, chiefs of hospital dental services and those interested in the establishment of such services in hospitals.

The booklet outlines the basic standards for certification of a hospital dental service and the requirements for approved dental internships.

The Committee and Council have liberally drawn material from similar publications of the American Dental Association and appreciation is hereby expressed.

INTRODUCTION

As a recognized health profession, dentistry must be integrated with other health professions to provide the best total health service for the individual patient. The modern hospital aims to render the most efficient care of the sick and to train personnel to render this service. In its all embracing programme, a hospital must therefore make provision for dentistry and its specialities.

HOSPITAL DENTAL SERVICES

BASIC STANDARDS OF HOSPITAL DENTAL SERVICES

Application for Approval of a Hospital Dental Service

Application for the approval of a hospital dental service should be made to the Committee on Hospital Dental Services, Canadian Dental Association, 234 St. George St., Toronto 5, Ontario. Inspection of the dental service will be made without cost to the hospital and in full consultation with appropriate hospital authorities.

Name

The name of the dental service of a hospital should be similar to that of other services of the hospital.

Functions

A dental service of a hospital should be operated on the basis of four main functions:

Administrative: to conduct the affairs of the dental service in accordance with the established administrative procedures of the hospital.

Advisory: to act, through customary channels, in an advisory capacity on all problems related to the dental health of the patient.

Clinical: to render professional services to patients in accordance with the concepts of modern scientific dentistry and to evaluate these services periodically; to consult on dental matters with the other services.

Educational: to provide, where feasible, an educational program for dental internes, dental hygienists, dental assistants and nurses; to provide training for junior staff members; to engage, when facilities permit, in the teaching of graduate and post graduate students who are preparing themselves for the practice of one of the specialities of dentistry.

The "Requirements for the Approval of Hospital Dental Internships" of the Council on Dental Education of the Canadian Dental Association may be useful in establishing standards in these educational fields.

Qualifications of Dentists:

All dentists privileged to practice in the hospitals should be:

1. Graduates legally licensed to practice dentistry in the province in which the hospital is located.
2. Worthy in personal character and in professional ethics as set forth in the Guide to Professional Conduct of the C.D.A.

HOSPITAL DENTAL SERVICES

All dentists who are appointed to the active dental staff or are granted privileges to operate in a hospital should have qualifications which include previous hospital experience, technical ability and scientific training comparable to that of members of other services in the hospital.

All dentists who engage in the practice of one of the recognized specialties in dentistry should meet the requirements established by the licensing board for such practice.

Organization and Operation:

In teaching hospitals and in larger hospitals with 100 or more beds, the functional division of the medical and dental staff is frequently desirable. In these instances the organization of the department of dentistry should be comparable to that of other departments of the hospital. The dental department should be organized into sections to conform to the areas of the recognized dental specialties consistent with available facilities and the needs of the community. The section on oral surgery should be administered as a section of the department of dentistry coequal with the other specialties of surgery with full consultative and advisory relations with the department of surgery.

In smaller hospitals with less than 100 beds, and in those hospitals where the principal activity of the dental department is the general practice of dentistry, this service may be organized as a section of the surgery department coequal with the other surgical specialties.

Chief of Dental Service: The chief of the dental service should be responsible for the dental service. He should be selected for his professional and executive ability and on the same basis as the chiefs of other services. He should be designated by a title comparable to that of the chiefs of other services. He should have the same privileges regarding appointment to the medical board or executive committee as do the chiefs of the other services.

Staff Conferences and Meetings: The members of the dental service should attend and participate in general staff conferences. They should also hold regular departmental meetings for the thorough review and analysis of their clinical activities.

Appointments and Promotions: All appointments to the dental staff shall be made by the governing body upon recommendation of the executive committee and credentials committee which should have a dental member. The terms and procedures of the appointment as established for the medical staff shall apply to the dental staff.

The number of appointments and grades in rank available to the dental service will vary with the size and type of the individual hospital. The classification of appointments according to rank should be made in accordance with the standard nomenclature and the custom of other services in the hospital.

HOSPITAL DENTAL SERVICES

Promotion in rank should be made on a basis consistent with that established for the other services in the hospital.

Admission and Discharge of Hospital Dental Patients: Dentists shall have the privilege of admitting and discharging patients for dental treatment.

Medical Survey of Dental Patients: An adequate medical survey by a member of the medical staff shall be recorded on each patient admitted for dental treatment.

Oral Examination of Dental Patients: Dental patients should have a complete oral examination recorded by a member of the dental staff as soon after admission as conditions permit.

Availability of Hospital Beds: Hospital beds should be available to the dental service in the same manner that they are available to other services of the hospital.

Records: Careful records of all histories, diagnoses, therapeutic and operative procedures should be kept on charts in accordance with the standard procedure of the hospital. Special clinical records may be useful as an aid in clinical research.

Relation to School of Nursing: If the hospital maintains a school of nursing, it is desirable for members of the dental service to participate in the training of student nurses.

Rules: The dental service should establish rules for the conduct of its program comparable to the rules established by other services and not inconsistent with the rules of the hospital.

Research: Clinical research and investigation should be encouraged, and the hospital should make every effort to provide time for the investigators and such materials and assistance as may be needed.

Library: An adequate selection of dental books and periodicals should be available in the hospital library.

Physical Equipment: The space allotted to, the equipment, instruments and supplies, of the dental service should be adequate to carry out all services in accordance with generally accepted standards of practice.

Dental Services for Hospital Patients:

The extent of dental care provided for the hospital patient will vary with the size of the hospital, the type of hospital and the type of service rendered by the hospital. For example, in hospitals for crippled children or for those suffering from tuberculosis and mental diseases, a more comprehensive dental service is necessary.

The recommended program for hospitalized patients, and for out-patients when facilities permit, will include an oral examination based on a complete

HOSPITAL DENTAL SERVICES

series of dental roentgenograms. Vitality tests, transilluminations, bacteriologic, pathologic and other types of laboratory tests should be used where indicated.

More specifically, the dental service should develop programs in the following areas in accordance with local needs and facilities:

Dentistry for Children: (Paedodontics) In hospitals where children are hospitalized for an extended period of time, as in hospitals for crippled children and for those suffering from chronic diseases, a paedodontic service is highly desirable. Consultation and treatment in orthodontics should be available to all such hospital patients.

Restorative Dentistry: In certain hospitals, such as those for patients suffering from tuberculosis and mental diseases, a restorative dental service is highly desirable.

Periodontics: In all hospitals, it is desirable that patients have consultation and therapy available from a dentist qualified in the field of periodontics.

Dental Roentgenology: In all hospitals there should be good facilities for dental roentgenology. In hospitals where dental roentgenograms are taken by another service, the dental service should be available for reading and interpretation of the films. Dental roentgenograms should be made by persons specially trained in this technic under the supervision of the dental service. Technicians should be given complete instruction in safety precautions.

Oral Surgery: In all hospitals there should be adequate facilities for the provision of oral surgical diagnosis and treatment. The scope of the specialty of oral surgery shall include the diagnosis, surgical and adjunctive treatment of the diseases, injuries, and defects of the human jaws and associated structures within the limits of the professional qualifications and training of the individual practitioner and within the limits of agreements made at the local level by the health team concerned with the total health care of the patient.

An adequate medical survey, including physical examination, blood count, etc., shall be made for each patient before oral surgery, and the indicated consultations shall be held in complicated cases.

Oral Pathology: In hospitals where it is feasible, an oral pathologist should be available to the dental service because of the specialized nature of the tissues of the oral cavity.

Amendment of Existing Rules:

In order to comply with these standards it may be necessary to amend the rules of the hospital in order to include the words "dentist" and "dental service" in appropriate sections and to include such additional provisions as are necessary to permit proper functioning of the dental service. When necessary, the rules of the medical board should also be amended to obtain same objectives and to facilitate inter-professional cooperation.

HOSPITAL DENTAL SERVICES

Appendix B.

THE CANADIAN DENTAL ASSOCIATION L'ASSOCIATION DENTAIRE CANADIENNE

234 St. George St., Toronto 5
Canada

26 April 1957

To Secretaries of Corporate Members:

At the last Board of Governors meeting of the Canadian Dental Association, the Hospital Dental Services Committee was directed to study the problem of Civil Defence. The committee has given this matter considerable thought and has arrived at the conclusion that the C.D.A. as a national body can only give direction to the provincial organizations and such is the purpose of this letter.

The one factor for which the provinces should take responsibility is the formation of a roster of dentists with special qualifications. In this manner, key personnel could quickly be mobilized for a local or national emergency. The work of compiling this roster should be done by local bodies who should keep a copy and refer a copy of their roster to your organization for the master roster.

The special qualifications to be noted on this roster are:

1. Those with administrative ability to direct activities in various centres.
2. Those trained in oral surgery with emphasis on a knowledge of maxillo facial injuries.
3. Those trained in general anaesthesia.
4. Those experienced in identification procedures.

When this roster is completed, would you please inform the:

Chairman, Hospital Dental Services Committee,
234 St. George Street,
Toronto 5, Ontario.

Yours sincerely,

Douglas Tanner, D.D.S.,
Chairman,

Hospital Dental Services Committee.

COMMENT AND RESOLUTIONS

1. Approved.

2. We present the following resolution:

Whereas dentistry is an autonomous profession, and

Whereas dentistry is an essential health service, and

Whereas all dental treatment cannot be safely and effectively rendered in a dental office, therefore be it

Resolved that the dental service in a hospital be an autonomous service with the exception of oral surgery performed on in-patients, in which case it will be a joint responsibility of the Dental Surgeon-in-Chief and the Surgeon-in-Chief.

ADOPTED

3. Information only.

4. Information.

5. Whereas the C.D.A. is anxious to have hospital dental services and internships accredited, and

Whereas many hospitals have fulfilled the requirements, and

Whereas applications for internships are limited, therefore be it

Resolved that the Journal of the Canadian Dental Association restrict publication of internship vacancies to those hospitals approved by the C.D.A. or A.D.A.

ADOPTED

6. In relationship to Appendix B. it is noted the information is presently being prepared and the Committee is urged to continue with this fact-finding study.

We recommend the adoption of the Report of the Hospital Dental Services Committee with resolutions. Basic Standards for Hospital Dental Services approved.

APPROVED

LEGISLATION

MEMBERS OF LEGISLATION COMMITTEE: *E. S. Macartney, Chairman, Ottawa, Ont.; G. W. Barrett, Ottawa, Ont.; R. L. Currie, Ottawa, Ont.*

REPORT

1. The Legislation Committee of the Canadian Dental Association begs to report the following legislative changes pertaining to dentistry as enacted in the House of Commons during the 4th and 5th sessions of the 22nd Parliament.

(a) On August 6th, 1956, Bill 418 was passed by the House of Commons of Canada, amending the Income Tax Act, whereby, individuals carrying on a business or profession are permitted to deduct reasonable costs of attending not more than two conventions held anywhere in the world during the year by a business or professional organization.

(b) Legislation was enacted on the 12th of April 1957 to permit individual taxpayers to deduct from their income, within certain limits, premiums paid for retirement savings plans in 1957 and subsequent years. All plans must be approved by the Minister of Finance and conform to certain restrictions laid down by the Minister in his budget speech. For several years, the Canadian Dental Association together with other national organizations, has made presentations seeking such an amendment to the Income Tax Act. The provision will likely be most advantageous to the members of the dental profession and appreciation for the action taken has been expressed to the Minister by the Association.

(c) For several years the Association has made presentations requesting alleviation of the tariff on dental equipment and as a result dental cuspidors have been added to the free list in the tariff schedule contained in the 1957 budget.

2. Newfoundland

Since the last annual meeting of the Canadian Dental Association, certain proposed changes in the Dental Act were submitted to the Department of Health. A Bill, amending the Dental Act involving these changes, was introduced in the House by the Minister of Health at the 1957 session, and included the following:

(a) A complete definition of "Dentistry" and the services that the profession provides.

(b) The Dental Board of Newfoundland to consist of four members, namely: three of the members to be practitioners registered and licensed under the Act and practising in the Province and to be appointed by the Minister of Health

upon the recommendation of the Newfoundland Dental Society; the fourth member to be the Deputy Minister of Health as an ex-officio member.

(c) Provision for the establishment, development, regulation and control of a body ancillary to the dental profession, the members to be known as dental hygienists.

(d) The requirements for admission in the Dental Register are more completely defined than formerly.

(e) Provision for the Minister of Health, upon the recommendation of the Board, to issue licenses for the operation of Dental Laboratories.

(f) Increased penalties for those committing an offence under the new Act.

On second reading of the Bill, the Dental Technicians petitioned to have their views heard and a committee was appointed by the speaker to hear the views of both technicians and dentists. At time of writing this report, the House was still in session and a vote on the bill was expected in the near future.

3. Prince Edward Island

No change in Dental Legislation is anticipated this year.

4. Nova Scotia

(a) Legislation was introduced and passed enabling graduates of Dalhousie University to register in the Province without sitting for the Board Examinations.

(b) An amendment to the Act incorporating the Maritime Hospital Service Association was introduced and passed, one feature of which was enabling legislation to provide or contribute to the cost of dental services if and when that association sees fit to implement the same.

5. New Brunswick

(a) The New Brunswick Dental Act remains unaltered from last year.

(b) The Dental Technicians Act, 1957 — adopted at the last session of the New Brunswick Legislature incorporating the New Brunswick Dental Technicians Association and giving powers to the said Association respecting admission to membership, discipline and control, cancellation or suspension of registration. This is the third province to adopt legislation of this character.

6. Quebec

There have been no changes in the Dental Act and none are contemplated for the immediate future.

LEGISLATION

7. Ontario

(a) This Province reports no changes in the Dentistry Act since June 1956.

(b) In the speech from the Throne, it was announced that an agreement would shortly be entered into between the Welfare Department and the Royal College of Dental Surgeons of Ontario to provide free dental care to families in receipt of Mothers' Allowances and direct relief. Under the plan, children under 18 would be entitled to treatment by the dentist of their choice, the cost to be borne entirely by the province in the case of mothers' allowances and shared with the Municipalities in the case of direct relief.

(c) In section 5, By-Law number 13, of the Royal College of Dental Surgeons of Ontario, one minor change has been effected, namely, that the Discipline Committee has been given authority to make formal demand upon a member of the College to remedy unethical, unsanitary and improper conduct, conditions, practices, and procedures. This responsibility previously rested with the Board.

(d) Sub-section a, Section I, of By-Law No. 10 was amended by deleting the clause which made mandatory one year's residency in Canada before a non-citizen graduate of an approved dental school could apply for licensing examination.

(e) Section 2 of By-law No. 12 was amended increasing the penalty of default of payment of annual fee from Five Dollars to Ten Dollars.

8. Manitoba

No changes or contemplated changes in the Dental Act reported since the last annual meeting.

9. Saskatchewan

There have been no changes in the Dental Profession Act this year. One or two changes are contemplated which will be reported on when passed.

10. Alberta

No legislation was expected to be introduced in the Legislature affecting the practice of dentistry.

11. British Columbia

There have been no changes in the Dental Act in this Province since the last annual meeting and none are contemplated.

12. The Legislation Committee wishes to express its appreciation to the Provincial Registrars for their cooperation in supplying the information which made this report possible.

COMMENT AND RESOLUTION

1. (a) - (c) Informative and noted with satisfaction.
2. (a) - (f) Informative.
3. Noted.
4. (a) (b) Informative.
5. (a) Noted.
(b) Informative.
6. Noted.
7. (a) Noted.
(b) - (e) Informative.
8. - 11. Noted.
12. Agreed.

Resulting from the discussion in respect to legislation the following resolution is presented:

Whereas legislation is a vital factor in the practical working procedures of the Canadian Dental Association, and

Whereas because of changes that come about in the progress of organized professional bodies, and

Whereas legislation transpires from time to time that is of vital concern to the profession of dentistry, and

Whereas the present terms of reference of the Legislation Committee presents a problem in continuity where a study on legislation may be of great value to all bodies concerned, therefore be it

Resolved that the Terms of Reference of the Legislation Committee be reviewed, having in mind that the national concepts of legislation could be of assistance wherever legislative problems arise.

ADOPTED

We recommend the adoption of the Report of the Committee on Legislation.

APPROVED

LIBRARY

LIBRARY TRUSTEES: *T. H. Graham, Chairman, Toronto, Ont.; K. M. Johnson, Winnipeg, Man.; Don W. Gullett, Toronto, Ont.*

REPORT

1. In five years operation the number of volumes in the library has increased from zero to over 1,800 volumes. As a result the Association library represents a competent source of knowledge related to science in dentistry.
2. A new catalogue of the library was published and distributed to the membership last fall. New books are purchased and added to the library as published. Lists of new additions appear monthly in the Journal.
3. Use of the library has continued to increase. For the first quarter of the present year an average of six books a day were sent out. The borrowers were distributed on a good proportionate basis among the provinces.
4. Donations to the Library Trust Fund have amounted to \$1,019.90 since the last Annual Meeting. All books making up the library to the present date have been purchased out of voluntary donations.
5. Arrangements have now been completed with postal authorities whereby the library is recognized as meeting regulations whereby the postage is reduced by more than 50%.

COMMENT

1. This is informative and we recommend that the C.D.A. through the Governors' Letter urge greater use of library facilities.
2. & 3. Noted.
4. We regret donations have not kept pace with increased use.
5. Commended.

We move the adoption of the Report on the Library.

APPROVED

MEMBERS OF NOMENCLATURE COMMITTEE: *H. A. Hunter, Chairman, Thornhill, Ont.; W. J. Dunn, Toronto, Ont.; G. H. W. Lucas, Toronto, Ont.; F. E. L. Priestley, Toronto, Ont.; Mr. R. J. Getty, Toronto, Ont.; G. de Montigny, Montreal, P.Q.*

REPORT

1. The Committee on Nomenclature has devoted considerable discussion to the problems pertaining to the principles of scientific nomenclature and recognizes the desirability of standardization. It believes that it has been able to clarify certain principles, duly approved by the Board of Governors last year. However, the Committee sees the international scope of the task and realizes that effective measures are not controlled by small bodies of persons endowed with delegated authority, since they possess no governing machinery by which the adoption of a term can be either encouraged or discouraged.

The Committee believes that its functions should not require a constituted committee which is expected to make a full annual report, and further recommends that it serve on a less formal basis in an advisory capacity to the editor of the Journal through whose office enquiries on nomenclature could be channelled.

2. The Committee hereby recommends that "Le Dictionnaire de l'Academie Francaise" be employed to the extent to which it has been completed and in the meantime for those areas not yet covered by the foregoing dictionary, "Larousse" be considered the source of reference.

COMMENT, RESOLUTION AND SUGGESTION

1. **First Paragraph:** Agreed.

Second Paragraph: We present the following motion:

Whereas the Nomenclature Committee serves useful purposes, and
Whereas the Nomenclature Committee of the C.D.A. may serve as an agent in liaison with similar committees of other Countries, and
Whereas the Nomenclature Committee may always act in an advisory capacity, therefore be it

Resolved that the Nomenclature Committee continue to function as a special committee, according to the terms of reference as approved in 1956, in the report of this committee.

ADOPTED

2. Agreed.

It is suggested that the C.D.A. be represented on Nomenclature Committees of international organizations such as the World Health Organization, and the Federation Dentaire Internationale.

APPROVED

EXECUTIVE OF ORAL SURGERY SECTION: *E. Roy Bier, President, Winnipeg, Man.; W. Scott Hamilton, Past President, Edmonton, Alta.; James Passalis, Secretary Treasurer, Winnipeg, Man.; G. de Montigny, President-elect, Montreal, P.Q.; O. Croft, Councillor, Halifax, N.S.; G. Chesney, Councillor, Montreal, P.Q.*

REPORT

1. The Winnipeg Section of the Canadian Society of Oral Surgeons with only Winnipeg members present decided to hold a one day meeting June 23, 1957, preceding the opening date of the Canadian Dental Association Convention June 24, 1957, to be held in Winnipeg.
2. It was decided to invite Dr. Don Bellinger of Saginaw, Michigan to address our Society as well as the Canadian Dental Association on Monday.
3. Other speakers from across Canada were also invited and a full day program has been arranged.
4. It is the hope of our Secretary-Treasurer to send a written report of above papers and others submitted to be passed at Annual Meeting as read to all fully paid up members to interest them in the affairs of our Organization if the finances of our treasury will allow.
5. At the Banff meeting held in 1956, it was moved and seconded that future members application for membership in above Society be sponsored by two members.
6. The By-laws and Constitution adopted by the Canadian Society of Oral Surgeons in 1954 are up for consideration.
7. There is evidence of declining membership in the Society. Some members belonging to provincial groups feel that constitutes legal and sufficient membership. Others belong to one or more American Societies of Oral Surgeons which all collect additional annual dues.
8. Therefore, a questionnaire was prepared and sent to all registered Oral Surgeons in Canada bringing these matters to their attention and a stamped addressed envelope enclosed to the Secretary Treasurer with their opinions and replies.
9. These answers have not been as yet received or analysed and will have to be dealt with at this and future annual meetings if our treasury is not to become moribund or meetings can be held only in larger centres where local support will be forthcoming without strain on the Treasury.
10. **Comments and Recommendations**

(a) The Oral Surgery Section has generously offered to place its services at the disposal of the committee arranging future C.D.A. Conventions. That whereas it was desirable in the past to present topics of general interest to the profession we have endeavoured so to do at the Winnipeg Convention.

(b) Our thanks are due to all past and present executives who have endeavoured to work for the good of our organization.

(c) We believe the future of the Society depends upon adequate financial support from all registered Canadian Oral Surgeons who can become members by fulfilling the requirements of the present or future Constitution and By-laws to support a National Organization.

(d) We believe that Sectional Groups in Canada should become strong supporters of the Canadian Society of Oral Surgeons rather than interest themselves only in American or Sectional groups.

11. We look forward to future executives to face the problem and to work out solutions and evolve such strength in years to come that we will look with gratitude for its scientific contribution to the health and welfare of Canadian dental patients.

COMMENT AND RESOLUTION

1. - 4. Noted.

5. Resolution

Whereas the Canadian Society of Oral Surgeons has requested an amendment to the By-laws in respect to membership, and

Whereas we are in accord with this recommendation, therefore be it

Resolved that paragraph 3, line 1 of the By-laws be amended to read:

“Applicants for an Active Membership in this Society shall be sponsored by two Active Members in good standing and shall complete . . .”

ADOPTED

6. & 7. Noted.

8. - 10. The substance of these paragraphs is to be considered at the business session of the Society on June 23rd. No comments are therefore made at this time.

11. The executive is to be congratulated for its work this past year and for the preparation of the first clinical session.

The report of the Canadian Society of Oral Surgeons is recommended for approval.

APPROVED

ORTHODONTIC SECTION: *J. T. Crouch, Chairman, Toronto, Ont.; M. L. Donigan, Vice-Chairman, Montreal, P.Q.; A. R. Winn, Secretary, Montreal, P.Q.; W. A. Quigley, Treasurer, Edmonton, Alta.*

REPORT

1. The last annual meeting of the Orthodontic Section of the C.D.A. was held during the Canadian Dental Association Convention in Banff Springs, Alberta.
2. Six new men were taken into active membership and three new men into associate membership making up a total of 65 active and 6 associate members. Further applications have been received during the past year.
3. The dental health division of the Department of National Health and Welfare has prepared a booklet on Preventive Orthodontics entitled "Crooked Teeth — Crooked Faces" which is now available from the Department of Health and Welfare, Dental Division, Ottawa or in quantities from the Provincial Dental Health offices. Members of the Public Dental Health Committee and other members of the Orthodontic Section acted in an advisory capacity assisting with this publication.
4. The dental health division of the Department of National Health and Welfare has had a film on Malocclusion produced by the National Film Board for the education of the public. A great deal of technical advice was received from members of the Public Dental Health Committee of the Orthodontic Section under the Chairmanship of Dr. Ira Hamilton and from other members of the Section as well as Dr. M. Derrick, Ottawa and Dr. H. Levitt, Montreal. It is hoped that this film will be shown at our next meeting.
5. The executive has appointed provincial representatives to report to the Chairman of our Public Health Committee on the state of orthodontic public health in their respective provinces within three months of the next annual meeting. This committee in its last report suggested that all public dental health orthodontic clinics should be arranged on a more or less standard basis and that provincial dental health officers should conform to some pattern before authorizing these clinics. There are six clinics now being supported by the Federal Crippled Children's Grant. It was also suggested that when orthodontists receive requests for treatment of cases which require aid under the Crippled Children's Grant, application should be made through the Provincial Dental Legal Body to insure conformity to the C.D.A. Principles of Dental Health Care.
6. The Grieve Memorial Lecture sponsored by our Section will be delivered at the 1957 Convention of the C.D.A. in Winnipeg by Dr. Halderson of Toronto, who was associated with Dr. Grieve at one time. Dr. Halderson is Associate

ORTHODONTIC SECTION

Professor of Orthodontics and head of the Graduate Orthodontic Department at the University of Toronto. He is also a Past President of the Great Lakes Society of Orthodontists.

7. The Orthodontic Section is providing a number of table clinics at the 1957 Convention of the C.D.A. These clinics will be presented by members of the Western Canada Orthodontic Study Club.

8. Special scientific sessions have been arranged for the Orthodontists attending the 1957 C.D.A. Convention. These sessions will take place on Saturday and Sunday, June 22 and 23, preceding the general convention. On Saturday, Dr. Thomas Speidel, Head of the Orthodontic Department, University of Minnesota will present two papers, one in the morning and one in the afternoon entitled "Local Factors in Malocclusions" and "Management of Mesioocclusions". Dr. Halderson, The Grieve Lecturer will present a paper on Sunday morning entitled "Minute Forces in Orthodontics". It is hoped that this type of program will attract more Orthodontists to C.D.A. meetings.

9. The annual meeting of the Orthodontic Section will take place on Sunday June 23. If insufficient numbers of our members are present, it will be necessary to hold another business meeting in Detroit at the Great Lakes Society Convention in the Fall.

COMMENT AND RESOLUTION

1. & 2. Informative.

3. & 4. Informative and we commend and appreciate the cooperative efforts by which Dr. H. K. Brown and associates of the Department of National Health and Welfare produced an excellent pamphlet and film in respect to preventive orthodontics.

5. We present the following resolution:

Whereas there is a definite lack of orthodontic personnel in the various provinces, and

Whereas there appears to be an increasing demand for dental services under a National Health Plan, therefore be it

Resolved that the Health Insurance Studies Committee supply the Orthodontic Section with whatever information there is available concerning grants which affect orthodontic services.

ADOPTED

6. - 8. Informative.

9. Noted. The Association is pleased to recognize that the Orthodontic Section is endeavouring to solve the health problems in the orthodontic field presently facing the profession.

We recommend the adoption of the Report of the Orthodontic Section.

APPROVED

PUBLICATIONS

MEMBERS OF THE COMMITTEE ON PUBLICATIONS: *Frank Martin, Chairman, Toronto, Ont.; A. Fortier, Montreal, P.Q.; M. G. Boyes, Toronto, Ont.; A. R. Poag, Hamilton, Ont.; J. D. Purves, Toronto, Ont.; J. E. Tilson, Toronto, Ont.*

REPORT

1. At the time of the last Annual Meeting serious study was being given by the Committee to ways and means of reducing the publishing deficits. The conclusion was reached that only by making a drastic change in publishing arrangements would it be possible to obtain any chance of reduced costs.

2. Consequently, as of September 1st of last year, Mr. Gordon V. Allen was engaged as publishing agent. Mr. Allen has had several years experience in the publishing field. This action means that whereas previously the Consolidated Press acted as publisher and printer these two functions are separated. The printing contract after revision was left with Consolidated Press.

3. While it is yet too early to make definite statement as to the long term outcome of this alteration, we are pleased to report considerably reduced loss on Journal issues. This reduction has been due to Mr. Allen's detailed knowledge of the publishing business.

4. Immediately following this change an informative letter under the signature of the Secretary of the Association was sent out to all advertisers and advertising agencies. Agreement has now been made with Canadian Circulations Audit Board Inc. with the effect that an independent circulation audit is made twice a year, a copy of which is forwarded to advertisers and advertising agencies.

5. Through the faithful services of the Editors the Journal has sustained the calibre established in past years. Several changes in format were made during the year which have drawn favourable comment from informed sources. The efforts of the Editors are most commendable in every respect.

6. A difficult matter has been the proper handling of requests for reprints. In respect to requests from commercial firms the following policy has been established.

That authority to publish reprints by commercial firms be restricted to Journal advertisers, and provided that specific permission of the author has been obtained.

7. An inquiry was received from the National Research Council requesting consideration of making available a section of the Journal for publication of papers relating to dental research. This matter was also discussed by the Research Committee of the Association. In view of the fact that there is no

PUBLICATIONS

publication in Canada available for such articles by Canadians doing research in dentistry this matter has been discussed on several occasions. The Committee has now stated that the Journal of the Canadian Dental Association is agreeable to consider research articles for publication to the extent of available space and under selection by the Editor.

8. Following will be found the Auditors Statement for the year ended December 31st, 1956 as Appendix A. and the Budget for the year 1958 as adopted by the Committee which is attached as Appendix B.

Appendix A.

THORNE, MULHOLLAND, HOWSON & McPHERSON

Chartered Accountants
111 Richmond St. W.
Toronto, Canada

January 29, 1957

Dr. K. M. Johnson, President,
Canadian Dental Association,
Toronto, Ontario

Dear Sir:

We have examined the accounts of the COMMITTEE ON PUBLICATIONS OF THE CANADIAN DENTAL ASSOCIATION for the year ended December 31, 1956 and submit herewith the following statements:

Respectfully submitted,

THORNE, MULHOLLAND, HOWSON & McPHERSON
Chartered Accountants

COMMITTEE ON PUBLICATIONS BALANCE SHEET

December 31, 1956

ASSETS

Current Assets:

Cash on hand and in bank	\$6,562.30
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Capital Assets:

Office furniture and fixtures	\$1,247.02
Less accumulated allowance for depreciation	781.42
	465.60

	\$7,027.90

PUBLICATIONS

LIABILITIES

Surplus:		
Surplus, December 31, 1955	\$6,171.77	
Surplus, for year 1956	856.13	
		<u>\$7,027.90</u>
		<u><u>\$7,027.90</u></u>

AUDITORS' REPORT

We have examined the accounts of the Committee on Publications of the Canadian Dental Association for the year ended December 31, 1956 and report that, in our opinion, the above balance sheet and related statement of revenue and expenditure present fairly the financial position of the Committee as at December 31, 1956 and its financial transactions for the year ended on that date, according to the best of our information and the explanations given us and as shown by the books.

THORNE, MULHOLLAND, HOWSON & McPHERSON
Chartered Accountants

COMMITTEE ON PUBLICATIONS
STATEMENT OF REVENUE AND EXPENDITURE

Year ended December 31, 1956

REVENUE

Advertising	\$41,916.25
Canadian Dental Association grant	14,500.00
Subscriptions	791.14
Donation	15.15
	<u>\$57,222.54</u>

EXPENDITURES

Honoraria to editors	\$ 3,540.00
Expense allowances	1,872.20
Editor's office expenses	1,539.11
Committee meeting expenses	61.05
Publishing the Journal	31,811.10
Commission, publishers	9,063.78
Agency commission	5,661.10
Cuts and postage	2,496.84
Depreciation on office furniture and fixtures	104.15
Office and general expense	217.08
	<u>\$56,366.41</u>
Surplus for year	856.13
	<u><u>\$57,222.54</u></u>

PUBLICATIONS

Appendix B.

BUDGET FOR 1958

Revenue

	1956 Budget	1956 Actual*	1958 Budget	1957 Budget
Advertising	\$41,500	\$41,916	\$41,500	\$42,000
C.D.A. Grant	14,500	14,500	14,500	14,500
Subscriptions	450	791	620	600
Sundry		15		
	<u>\$56,450</u>	<u>\$57,222</u>	<u>\$56,620</u>	<u>\$57,100</u>

Expenditures

Salaries	\$ 4,740	\$ 3,540	\$ 3,600	\$ 3,600
Expense Allowances	1,870	1,872	1,870	1,870
Editor's Office Expense		1,539	1,300	1,500
Committee Expenses	100	61	150	100
Publishing	33,600	31,811	33,500	31,500
Publisher's Commission	8,100	9,064	8,850	9,500
Agency Commission	5,500	5,661	5,500	5,750
Cuts and Postage	2,000	2,496	1,500	2,500
Sundry Expense	250	217	250	250
	<u>\$56,160</u>	<u>\$56,261</u>	<u>\$56,520</u>	<u>\$56,570</u>
Surplus	290	961	100	530

*From Auditors Statement.

PUBLICATIONS

COMMENT

1. - 4. The information contained in these paragraphs indicates that the Committee on Publications has made considerable changes in the publishing arrangements. Their endeavour to publish the Journal of the Canadian Dental Association on a strictly business basis, with a balanced budget is gratifying.
5. Will be dealt with under the individual Editors' Reports.
6. Approved.
7. The matter of Dental Research is vital to all dental practitioners. The publication of some papers from the National Research Council is anticipated with interest.

Comments

1. The balance sheet of the Committee on Publications was studied. It is hoped that the small indicated surplus will grow larger next year.
2. The Budget, with a small surplus anticipated, is approved.

We recommend the adoption of the Report of the Committee on Publications.

APPROVED

REPORT OF THE EDITOR — WESLEY J. DUNN

1. The Need for Contribution

Dr. Henry A. Davidson, the editor of the Journal of the Medical Society of New Jersey has written an excellent book, "Guide to Medical Writing". The opening paragraph in the preface merits perusal — "One of the satisfactions in working in the health field is the transmission of ideas to our colleagues. Ideas can be communicated by lectures or demonstrations. This gives the worker a small and fleeting public. To give real wings to your thoughts, to claim a little corner of immortality for yourself, to earn a wider audience, you must write."

How we wish that Dr. Davidson's admonition received wider acceptance. The most significant problem with which your editor has to deal is the continuing lack of suitable contribution to the pages of the Journal. There have been occasions during the past year when there was no article, for the following issue, reposing in the editor's files. Our requests to the Faculties have not met with significant success. Although we have communicated with a large number of potential authors during the year, the response has been negligible. Only a very few of our dental societies have taken the responsibility of forwarding papers presented at their meetings.

This is a task the editor cannot do alone. Undoubtedly personal contact is most important when attempting to encourage the submission of papers. Each governor, each committee chairman could be of great help if he would accept, as an elected or appointed official of this Association, the task of encouraging qualified persons to submit papers to the Journal, the medium through which his association is presented to the profession both at home and beyond our borders.

2. Writing for the Scientific Literature

The attention of the Board is directed to an article appearing in the March 1957 issue of the Journal of Dental Education prepared by Drs. Kutscher and Dummett under the auspices of the Committee on Undergraduate Education of the American Association of Dental Editors entitled "Writing for the Scientific Literature — Survey of Instruction in Dental Schools." The study of the data received from forty-five dental schools reveals a definite lack of formal instruction in this area, its consequences, and the corresponding need for an augmented and improved curriculum with increased available hours.

The survey has been utilized as the basis for the preparation of a suggested course outline, at present awaiting publication in the same journal, which could serve as a guide to teaching in the above field.

It is suggested that the Council on Dental Education might peruse both articles with a view to offering observations.

PUBLICATIONS

3. Undergraduate Publications

While a guest at the A.D.A. Council on Dental Journalism meeting in Chicago we were impressed with the interest and concern shown for Undergraduate publications. With the exception of Year Books, the Faculty of Dentistry at McGill University appears to be the only dental school in Canada with a formalized Undergraduate Journal — The McGill Dental Review. This is an excellent publication and the Undergraduate Society deserves high praise for the initiative and efforts which developed the Review.

It seems to us that one might reap a harvest by cultivating such fertile ground. The suggestion is made that the Board of Governors, in the interests of the future of Canadian dental journalism, might offer some tangible encouragement to all schools to develop student publications.

4. Changes in Format

In January 1954 certain major changes of format were effected in the Journal. In January 1957 further alterations were made to the topography.

In 1956 at the Conference on Dental Journalism in Chicago we presented our Journal for critical analysis by the Board of Standards of the Industrial Editors Association. Many suggestions were offered and these observations were incorporated in the 1957 Volume. When again in February 1957 we presented the January and February issues to the same Board of Standards no criticisms whatsoever were received. We were pleased indeed to hear the observation that our Journal had a high professional tone and the printing quality was superior.

A new type has been employed for headings and these in turn have been so positioned to give a more artistic effect. The Sectional headings were altered to remove the heavy black lines which used to surround them. Bold type has been eliminated from the body of the various news items and sub-headings have been substituted for clearer presentation. Better use is being made of "white-space" and much of the previous "busy" look of many of the pages has been eliminated. The new cover colour, we believe, is attractive yet dignified.

5. Associate Editors

Since the last meeting of this Board the associate editors for Quebec and Manitoba, Dr. Robert F. Harvey and Dr. J. Frank Morrison respectively, have retired after many years of loyal and faithful service. We extend grateful appreciation to them for their significant contributions to the Journal.

As successors, we welcome Dr. A. J. Shutz of Montreal and Dr. J. P. Beattie of Winnipeg.

6. Appreciation to Contributors

Without the contributions of many persons the production of the Journal would be impossible. Particularly we extend appreciation to the editor of the French section and his committee, the associate editors, the Committee on Publications, the Business Manager, and the Advertising Manager. To Mr. Williamson for his efforts in the Economic Security department and to Mr. W. D. Blair, Q.C. and Mr. Edson Haines, Q.C. of the Law Society of Upper Canada we owe a debt of gratitude.

COMMENT AND RECOMMENDATION

1. The small number of suitable articles and papers on professional subjects, forthcoming to the Editor's desk, for possible publication is proving embarrassing at times. Two recommendations are formulated, at the conclusion of the report, which may alleviate this condition.
2. We recommend that a few copies of the article entitled "Writing for Scientific Literature" be purchased and presented to the Council on Dental Education with a view to their perusal and following suggestions and observations.
3. The McGill Dental Review is published four times a year. It has existed and thrived for nearly a quarter of a century. We recommend that a letter of congratulation be forwarded to this undergraduate Journal. We further recommend that the Council on Dental Education endeavour to stimulate activity in the production of similar undergraduate journals in other universities.
4. The changes and alterations in the set-up of the Journal have produced much favourable comment and the Editor is to be congratulated.
5. It is suggested that letters of appreciation be sent to Drs. Robert F. Harvey and J. Frank Morrison, thanking them for their sincere and faithful service on behalf of the Canadian Dental Association during the past years.

It is interesting to note that during his undergraduate years, Dr. A. J. Schutz of Montreal obtained his early training in Journalism, as Editor of the McGill Dental Review.

6. It is recommended that letters of thanks and appreciation be forwarded to Mr. Williamson, Mr. W. D. Blair, Q.C., and Mr. Edson Haines, Q.C., for their excellent contributions to our Journal.

Recommendations:

1. That each dental society be requested through their governors, to

PUBLICATIONS

forward any article or paper presented to their dental bodies which might prove suitable for future publication in the Journal.

2. That the Dean of each Canadian dental faculty in the various universities, be respectfully requested to consider the preparation of one paper, per year, from its clinical departments for Journal publication.

We recommend the adoption of the Report of the Editor.

APPROVED

REPORT

OF EDITOR FRENCH SECTION — GERARD DE MONTIGNY

1. The Editor of the French section of the Journal feels honoured to present his annual report to an assembly of the leaders of the dental profession in Canada.

2. Although no event of a revolutionary nature did happen in the editing of the French section during the last twelve months, the editor as usual, had to solve a few problems regarding an abundance of original articles, some of which had to be discarded and others whose publication had to be postponed.

3. The editor received this year a great amount of correspondence from French-speaking dentists of Europe seeking information regarding their possible emigration to our country. This fact brings two considerations. The first, to indicate that our Journal is not unnoticed in these foreign countries. The second, to stress the importance of evaluating the course of studies of some of the dental schools in France and Belgium, from which the inquirers graduated. This problem does not concern directly the handling of the Journal, but is brought about by it and should be directed to the Council on Dental Education.

4. Dental groups and Societies of the Province of Quebec sought definite space in the section of the Journal to report their activities. The College of the Dental Surgeons, the Dental Association of the Province of Quebec and the Montreal Endodontia Society have expressed their desire to use some of our pages, in every issue of the Journal, for the benefit of their members.

5. The space that is allotted to the French section does not permit to satisfy all these demands; these will be met with the greatest diplomacy possible; this is a case where the task is to please everyone without giving entirely what is asked for. The editor is trying to remember that when a diplomat says 'yes' he means 'perhaps'; when he says 'perhaps' he means 'no'; when he says 'no' he is no diplomat.

6. In summary, may the editor report that since he accepted the editorship of the French section of the Journal eleven years ago, considerable progress has been achieved, due to the increasing interest of the French-speaking mem-

bers for the activities of the Association and for scientific improvement. This progress is shown by various symptoms, two of which are as follows: from ten pages in 1946, the French section has now sixteen pages; eleven years ago, the editor had trouble to find the copy to fill up the ten pages and now he has to make a selection of articles because, from lack of space all cannot be published.

7. In closing, the editor wishes to express two desires, realization of which he thinks would improve the service of the Journal to its readers:

- (1.) A few more pages for the French section, as soon as conditions will permit. The situation of the section is that of a boy who outgrew his clothes; the cloth still holds together, the stitches are still strong, the buttons still function and this boy has been informed to be very careful not to make any violent moves, but you know that boys will be boys and that the whole suit may burst open at any moment.
- (2.) Closer cooperation of the section with the Committee on Publications and the Editor-in-Chief so that the Journal may have more uniformity and that the two sections may have more integration with one another. Some ways to give the two sections more relationship could be found in similar dental Journals published in Europe, where two or more languages are used simultaneously.

8. The Editor wishes to thank the Editor-in-Chief, the Business Manager, the chairman and members of the Committee on Publications for their cooperation throughout the year.

COMMENT AND SUGGESTION

1. Appreciated and thanks for the compliment.
2. We are pleased to observe the plentitude of papers and articles that the French Section Editor enjoys. What is the secret?
3. This paragraph is referred to the Council on Dental Education for their attention.
4. & 5. We have great confidence in the French Section Editor's diplomatic judgment in distinguishing between "yes" and "perhaps" in solving this problem.
6. Definite progress is demonstrated. The amount of space has increased and more important, there is an over-abundance of literature to fully utilize all pages.

PUBLICATIONS

7. (1.) The boy may not be able to get a new suit at the moment, but stout leather strapping at the elbows and knees will undoubtedly contain him for a time.

This is as close as one can come to a diplomatic "yes".

The French Section is an excellent department, giving our Journal an international flavour.

- (2.) It is suggested that any good articles in French might have a paragraph at its conclusion, in English, giving concisely, the "meat" of the subject. Thusly, it would be "visa versa" for an English article.

Comment:

Journalism is a creative art. It requires time for quiet thought, consequently our editors do most of their work at home, after office hours. The Journal of the Canadian Dental Association is our best means of internal public relations, it is also one of the channels of communication with the organized dental bodies of the world. The importance of maintaining its high character and dignity is definite.

The Editors deserve the thanks of our Association for the capable and unselfish manner in which they accept and discharge their responsibilities.

We recommend the adoption of the Report of the Editor of the French Section of the Journal.

APPROVED

MEMBERS OF PUBLIC RELATIONS COMMITTEE: *H. R. Skilling, Chairman, Toronto, Ont.; J. G. Chalmers, Toronto, Ont.; J. Kreutzer, Toronto, Ont.; J. H. Mullett, Toronto, Ont.; C. A. McLean, Toronto, Ont.; E. R. Bilkey, Toronto, Ont.; E. Rollaston, Toronto, Ont.; R. R. Butler, Toronto, Ont.*

REPORT

1. (a) The Public Relations Committee has endeavoured to carry out a policy established in the past years; namely an attempt to influence the dentists of Canada to meet their full responsibilities as professional men and women.

(b) To this end your committee has —

- (i) Written and published a letter to the Profession entitled "The Dentist and his Patient".
- (ii) Each member of the committee submitted in writing his thoughts upon this subject. Out of this material Dr. Don W. Gullett composed a letter that went out to all the dentists of Canada.
- (iii) In this letter it was pointedly drawn to the attention of the dentists what their responsibilities might be.
- (iv) The letter which was printed in French and English was distributed to the membership.
- (v) This letter has had a most favourable response, which would appear to have justified the time and effort put into it.

2. "Why Public Relations" letter 1956:

"Your New Dentures" Booklet on Prosthetic Services:

(a) The letter upon the above subject which was sent out last year created a great deal of interest.

(b) Many organizations, both foreign and domestic, have requested permission to use the letter.

(c) The American Dental Association and several other dental publications published the letter in their journals, with our permission, and several laboratory associations have requested permission to use it.

(d) "Your New Dentures" has perhaps been more widely acclaimed.

(e) Copies have been ordered to the number of 150,000 and orders are still coming in. Orders up to 5,000 copies by individual dentists have been received, which gives some idea of the value they place upon it.

PUBLIC RELATIONS

3. Articles on Dental Health Education:

(a) Requests continually arrive at C.D.A. headquarters for articles on dental health that may be published in newspapers and periodicals as a series.

(b) Your committee has encouraged this type of request, which comes from individual dentists, health units and local dental societies.

(c) In the past years it was not too difficult to satisfy this demand, but it has been growing very satisfactorily and has now become a time-consuming and laborious task.

(d) The committee has drawn upon various sources for material, even having borrowed a series from the American Dental Association.

(e) This year it was decided to try a new approach. While the subject matter is essentially the same it was thought that a professional writer might freshen the readability of this material.

(f) To this end Mr. Ron Kenyon, a former reporter for the Toronto Evening Telegram, was engaged to prepare a series of twenty articles.

(g) The titles of this series are attached as Appendix A.

(h) The committee is of the opinion that these short articles and those of a like nature serve a very useful purpose, in publishing to uninformed lay people factual information about dental health in a readable form.

(i) These articles have been coming back in our press clipping service in large numbers.

(j) It is our hope that this series may be enlarged and extended, possibly writing up in suitable form some case histories of exceptional anomalies in children, in order to emphasize the fact that dentistry has many dramatic cases.

4. Fluoridation — Tape recording of panel discussion:

(a) Early in the year it was decided to prepare a panel discussion on the subject of fluoridation.

(b) Your chairman was requested to form a committee from among those who were familiar with the problems and of course were favourably disposed to the subject.

(c) Dr. Wesley Dunn and Dr. Gordon Nikiforuk agreed to act on this committee.

(d) It was decided to invite a prominent physician to the panel to represent the Canadian Medical Association.

(e) A well known business man.

(f) A mother of young children.

(g) Dr. Dunn to represent the C.D.A. and Dr. Nikiforuk to represent the Research Department at the Faculty of Dentistry, University of Toronto.

(h) Dr. Dunn agreed to write the script, bringing out the common objections to fluoridation and at the same time have it acceptable to all members of the panel.

(i) This was quite a chore but eventually the script was finalized and the panel was pleased to subscribe to the subject matter and to co-operate in producing it.

(j) Due to many unavoidable difficulties, it has not been possible to assemble all the panel at one time in order to record the material. However, this will still be done.

(k) In the meantime the script has been used several times, substituting names. This may be even more satisfactory in certain localities where local names could have a greater impact.

(l) The participants we chose were Dr. Lawrence Chute, Physician-in-Chief of Sick Children's Hospital; Mr. E. C. Roelofson, former member of the Board of Control, City of Toronto, and Chairman of Executive Committee of Health League of Canada; Mrs. Eileen Jorgens, housewife, who is keenly interested in this subject and is the mother of two young children.

(m) Our special thanks go to Dr. Dunn who prepared the subject matter and to Dr. Nikiforuk who served on the committee and cleared through the research division some of the statements in the script.

(n) The script on fluoridation is available to any one interested.

5. Press Clippings:

(a) Press clippings continue to increase by the month. It has been an impossible task to analyze them completely.

(b) Spot check shows every conceivable subject pertaining to dentistry.

(c) Altogether it indicates a sharply improved situation, with respect to the attitude of the public towards the profession of dentistry.

6. Panel Discussion:

Panel discussions respecting Canadian dental organizations and activities, as have been conducted in several areas of Canada in the past, continue to provide excellent information on dental affairs to interested dental societies. It should be reiterated that such presentations can be arranged for dental societies when requests for them are received, and, in this latter respect, the members of the Board of Governors might stimulate such requests.

PUBLIC RELATIONS

7. **Television and Radio:**

(a) During the observance of Dental Health Day and Week in several provinces, television and radio publicity was widespread.

(b) TV scripts were adapted from the American wording to suit our purpose.

(c) The cost of this was borne by the Public Relations Committee.

(d) Copies of these scripts were sent for use by 18 TV stations throughout Canada.

(e) The radio talks on dental health that were prepared by this committee a year ago, have not been called for as much as we would have liked.

(f) The material is factual and basic and there is little doubt that it will be used more and more in the future.

8. **D.P.H. Workshop Conference:**

(a) On Thursday, February 21st 1957, a workshop conference was held in Toronto.

(b) Invited to participate in the discussions were over fifty persons representing many agencies having an interest in the dental health of the people of Toronto.

(c) The findings of this Conference have been reported in the April issue of the Journal.

(d) It was thought advisable that reprints of this report should be sent to each organization represented and other groups across Canada who could benefit.

(e) To this end the Public Relations Committee appropriated funds up to the amount of \$60.00 to make these reprints possible — no other funds being available.

(f) The committee considered this expense good public relations.

9. **Exhibit at the Annual Convention:**

(a) For a long time the committee has been trying to obtain a series of photographs of the C.D.A. Headquarters building in order to permit the dentists in all parts of Canada to visualize the building that houses their executive offices.

(b) Through the courtesy of Dr. Ron Martin (son of Dr. Frank Martin) who is an expert on colour photography, we have obtained a series of twenty pictures.

PUBLIC RELATIONS

(c) These pictures are 2 x 2 Kodachrome slides which show off the Headquarters building to excellent advantage.

(d) It is proposed to project these at the annual convention which follows this Board meeting. The Public Relations Committee will welcome your comments.

(e) In conjunction with the projection of these slides, we shall display the pamphlets and literature that we have available to send out upon request.

(f) If this project is successful it can be repeated in all sections of the country at similar meetings.

10. Budget:

(a) The Public Relations Committee for the past number of years has not expended the full amount allotted to it in the budget.

(b) The activities of this Committee are expanding, costs are increasing, therefore it is likely that the time is approaching when we shall need more than we have requested in past years.

(c) For this year I feel we may get by on \$1,200.00 which amount I respectfully request be placed at the disposal of the Public Relations Committee.

CANADIAN DENTAL ASSOCIATION
PUBLIC RELATIONS COMMITTEE

234 St. George Street
Toronto, Canada

YOUR DENTAL HEALTH

1. Mankind's most Prevalent Disease — Tooth Decay.
2. Tooth-brushing.
3. Dentifrices.
4. Trouble with Gums.
5. Do You Know Your Teeth? — Questionnaire.
6. Badly Placed Teeth.
7. Child in The Dentist's Chair.
8. Good Food — Good Teeth.
9. Your Wonderful Teeth.
10. Tooth Consciousness.
11. Toothache.
12. Hidden Sugars.
13. Mothers' and Babies' Teeth.
14. Show-window Teeth.
15. Fluoridation Now.
16. What Do You Know About Fluoridation? — Questionnaire.
17. Punctuality at the Dentist — by Ron Kenyon.
18. X-rays and Artificial Dentures.
19. The Cost of Ignoring Your Teeth.
20. Topical Fluoride Application.

COMMENT AND RESOLUTIONS

1. & 2. Commended, and we present the following resolution:

Resolved that the Canadian Dental Association express its appreciation to Mr. Wm. Herod for the conscientious care he has exercised in the designing and printing of the various pamphlets and brochures developed by this Association. The excellence of the printing quality of these publications has aided, most materially, in their acceptance by those who have received them.

ADOPTED

3. Noted with approval and the following resolution is presented:

Whereas dental health material suitable for publication in newspapers is available from Association Headquarters, and

Whereas it is essential that this material be distributed as widely as possible throughout all parts of Canada, and

Whereas the local dental societies occupy a significant position in respect to the press in their areas, and

Whereas it is desirable for all local dental societies to be aware of the existence of this dental health material in order to stimulate the desire to assist the public relations effort of the Association by submitting this material to the local press, therefore be it

Resolved that the Corporate Members be encouraged to develop channels of communication with local dental societies to encourage local society cooperation with the public relations activities of the Canadian Dental Association.

ADOPTED

4. Agreed and commended.
5. Informative.
6. Agreed.
7. Informative and Public Relations Committee is commended.
8. We present the following resolution:

Whereas the workshop conference in Toronto was a significant success, and

PUBLIC RELATIONS

Whereas it is desirable for interested civic groups to be adequately informed of dental needs, resources and dental health teaching practices as they pertain to their local areas, therefore be it

Resolved that the Dental Public Health Committee of the Canadian Dental Association give direction and encouragement to larger centres in Canada to develop similar conferences.

ADOPTED

9. Commended with interest.
10. We recommend that favourable consideration be given the budgetary request.

We recommend the adoption of the Report of the Public Relations Committee as amended, and the foregoing resolutions.

APPROVED

MEMBERS OF RESEARCH COMMITTEE: *Gordon Nikiforuk, Chairman, Toronto, Ont.; L. Belanger, Ottawa, Ont.; G. Brass, Edmonton, Alta.; F. Compton, Toronto, Ont.; D. Fraser, Toronto, Ont.; J. Kreutzer, Toronto, Ont.; J. P. Lussier, Montreal, P.Q.; R. H. McDougall, Victoria, B.C.; K. J. Paynter, Toronto, Ont.; A. L. Posen, Toronto, Ont.; D. B. W. Reid, Toronto, Ont.; C. Reynolds, Toronto, Ont.; G. D. Scott, Toronto, Ont.; J. E. Speck, Toronto, Ont.; C. H. M. Williams, Toronto, Ont.*

REPORT

1. This Report contains a summary of the year's work of the above Committee, together with proposed future projects.

2. **Personnel:**

(a) Members of the Research Committee include representation from many different scientific disciplines such as physics, statistics, biochemistry, histochemistry, medicine and dentistry. Such representation has become necessary in view of the complexity and diversity of some of the problems relating to research in dentistry.

(b) The terms of office have expired for the following members: — Doctors — C. H. M. Williams, J. E. Speck, L. Belanger, R. H. McDougall and G. Brass. The Committee gratefully acknowledges the contribution of these members.

3. **Applications for Canadian Dental Association Studentships:**

(a) An application for studentship was received from Dr. D. L. Anderson, Toronto, in the amount of \$1,800.00 for the year beginning June 1, 1956, to assist in a study in the Best Institute, University of Toronto, in the field of histochemistry. This application was granted.

(b) A studentship was granted to Mr. R. C. Burgess in the amount of \$1,200.00 covering the period of June to September, 1956, inclusive, to permit study in the field of biochemistry at the Division of Dental Research, University of Toronto.

(c) Mr. J. A. Bimm was granted a studentship in the amount of \$600.00 to cover the period from June 4 to September 8, 1956, to permit a study at the Division of Dental Research, University of Toronto.

(d) An application for a studentship was received from Dr. R. L. de C. H. Saunders on behalf of Mr. William P. Warren of Dalhousie University in the amount of \$350.00 to permit a research study in the Department of Anatomy, Dalhousie University, during the summer months of 1956. The application was granted.

RESEARCH

(e) Dr. A. E. Hoffman of Dalhousie University applied for and was granted a studentship in the amount of \$75.00 per month for one year to pursue training at Henry Ford Hospital, Detroit.

(f) Dr. W. Stuart Hunter, who is at present proceeding towards a Ph.D. degree in anthropology and orthodontics at the University of Michigan, applied for continuance of a studentship in the amount of \$1,761.00 for the year commencing June 1, 1957, to May 31, 1958. The application was granted.

(g) An application for a travel grant was received from Dr. Gordon Nikiforuk in the amount of \$75.00 to permit attendance at the Gordon Research Conference of the American Association for the Advancement of Science, Conference on Chemistry, Physiology, and Structure of Bones and Teeth held at Meriden, New Hampshire, in July 1956. The application was granted.

(h) As of April 30, 1957, the total investment of the Canadian Dental Association in the studentship programme amounts to \$30,349.14. A total of 22 candidates interested in pursuing a career in teaching and research have received the benefit of these studentships.

(i) In deciding upon the eligibility of the applicants, the Committee placed emphasis on the fact that studentships are intended to foster research in dentistry by assisting suitable candidates to receive training in teaching and research. They are not intended to assist candidates in obtaining a specialist certification in clinical fields.

4. Reprint Service:

(a) This service is made possible from funds of the Canadian Dental Research Foundation. Reprints of approved research articles by Canadian investigators are circulated through this service to most of the dental research centres of the world. The reprint service has been commented upon very favourably by many research workers. During the past year reprints of the following articles were approved:—

(1) K. J. Paynter and R. M. Grainger

The relation of Nutrition to the Morphology and Size of Rat Molar Teeth.

J. Canad. Dent. Assoc. 22(9):519, September 1956.

(2) Connor, R. A. and Grainger, R. M.

The Dental Public Health Programme in the St. Catharines-Lincoln Health Unit.

J. Canad. Dent. Assoc. 22(9):540, September, 1956.

(3) Gordon Nikiforuk

The Reducing Property of Saliva Toward Several Oxidation-

Reduction Indicator Dyes.

J. Dent. Res. 35(3):377, June, 1956.

- (4) Gordon Nikiforuk, S. H. Jackson, M. A. Cox and R. M. Grainger
Some Nonprotein Nitrogen Constituents of Blood and Saliva in
Children, and their Relation to Dental Caries.

J. Pediatrics, 49(4):425, October 1956.

- (5) J. B. Macdonald, G. C. Hare and A. W. S. Wood
The Bacteriologic Status of the Pulp Chambers in Intact Teeth
found to be Nonvital following Trauma.

Oral Surg., Oral Med. and Oral Path. 10:318, March 1957.

(b) Only articles dealing with original investigations of a basic nature qualify for reprinting under this service.

5. Pamphlet — "Facts on Fluoridation":

Copies of the third edition of the publication, "Facts on Fluoridation", have almost run out. The fourth revision of this pamphlet, necessitated by numerous studies in this field, is at present under way and will be completed later this summer.

6. Statement on Fluoridation of Communal Water Supply:

The Committee suggests that once again this Association reiterate its recommendation that communities having a public water supply adopt a procedure for adjusting the fluoride content of their water supply for the partial prevention of dental caries. A statement in this connection is appended as Appendix A.

7. The Present Status of Dental Research in Canada:

Based on a previous survey of dental research in Canada by this Committee, a detailed report has been prepared. This report summarizes the present status of dental research in Canada with respect to personnel, facilities, and financial aspects. This report, included as Appendix B, was published in the Journal of the Canadian Dental Association, 22(12):712, December 1956.

8. Dentifrices Containing Sodium Fluoride:

In response to enquiries received from members of the profession a statement in relation to dentifrices containing sodium fluoride was approved and is included as Appendix C of this report. This statement will be published in the Journal of the Canadian Dental Association.

9. Radiation Hazards:

(a) The use of the X-rays as an aid in diagnosis has increased markedly both in medicine and dentistry during the past few years. The question of hazards from dental X-ray radiation was initiated by correspondence between

RESEARCH

members of the Department of National Health and Welfare and Dr. D. W. Gullett. The federal authorities propose to make a limited study of radiation exposure in dental offices in the Ottawa area. They expressed a desire to collaborate with the C.D.A. Research Committee in this matter and requested an expression of opinion concerning possible human hazards from dental X-ray radiation.

(b) The Committee, after due discussion and consultation, approved a statement relating to radiation hazards resulting from the use of dental X-ray units for the guidance of the members of the dental profession (Appendix D).

10. Sources of Funds for Dental Research in Canada:

(a) In a report to the Council on Dental Education the chairman of this Committee summarized the major sources of funds available for the training of research personnel and for research projects. These are as follows:—

1. The Canadian Dental Association Studentships.
2. The National Research Council of Canada Junior and Senior Fellowships.
3. The National Research Council Summer Research Associateships.
4. The National Research Council Summer Undergraduate Dental Research Assistantships.
5. The Department of National Health and Welfare, Canada.
6. The United States Department of Health, Education and Welfare.
7. The Universities.
8. Private Sources for example, The Rotary Club, The Canadian Life Insurance Officers' Association.

(b) It is hoped that Schools of Dentistry in Canada will avail themselves of the opportunity afforded by the above grants and fellowships in order to develop and expand their teaching and research programmes.

11. Dental Research and Dental Education:

The expansion of medical and dental research programmes in the United States during the past decade has been most significant. It has been estimated that the United States dollar volume in medical research has increased from \$40 million to \$120 million during the past fifteen years. This represents a threefold increase or roughly the amount of money put in this phase doubles itself in about ten years. There are definite signs indicating similar trends in medical and dental research in Canada. Apart from the new knowledge that such a programme may provide, it is virtually predictable that the relationship

between dental research and dental education will be an area of utmost importance. One of the reasons for this relates to the unprecedented and fruitful adaptation of the techniques of physical sciences to biology, medicine and dentistry. This situation represents a healthy challenge and specifically calls for a deeper appreciation and understanding of research by teachers in dental schools.

12. Future Plans

(a) Administer the studentship programme.

(b) Continue the reprint service.

(c) Consider the question of improving outlets for the publication of research articles in the field of dentistry.

(d) Cooperate with the Radiation Services, Occupational Health Division, Department of National Health and Welfare, in relation to future discussions and studies dealing with radiation hazards associated with the use of dental X-rays.

13. The Chairman wishes to express his appreciation to the members of this Committee for their co-operation and efforts relating to the work of the Committee during his tenure of office.

14. Financial Statement:

(a) Appendix E contains the financial statement of this Committee for the period January 1st to April 16th, 1957. The financial statement for 1956 appears in the Auditor's statement.

(b) The amount for Studentships approved during the past year has been \$6,611.00.

(c) The Committee respectfully requests a total allocation for the coming year of \$5,500.00.

(d) Appendix F contains the financial statement for the Canadian Dental Research Foundation for the year ending December 31, 1956.

STATEMENT ON FLUORIDATION

Whereas tooth decay, by affecting the vast majority of people in Canada, has come to be recognized as one of the major public health problems of our time, and

Whereas studies covering a period of over thirty years under the widest variety of controlled conditions have marked fluoridation as one of the most widely studied of public health procedures, and

Whereas such studies reveal that fluoride in the recommended amount of one part of fluoride to one million parts of water is safe from any ill-effect and is effective in reducing tooth decay by approximately two-thirds, and

Whereas fluoridation benefits children and the benefits extend into adult life, therefore be it

Resolved, that the Canadian Dental Association reiterates its recommendation to the people of Canada that communities having a public water supply adopt a procedure for adjusting the fluoride content of their water supply, and for this purpose seek competent dental, medical and engineering advice.

ADOPTED

THE PRESENT STATUS OF DENTAL RESEARCH IN CANADA

Prepared for the Research Committee of the C.D.A. by

Drs. C. H. M. Williams and A. W. S. Wood

The dental profession has the responsibility of caring for one of Canada's major public health problems. Dental disease is the most prevalent and probably the most expensive single disease which affects Canadians. In spite of the most conscientious efforts of the dental profession and in spite of the application of the most ingenious treatment methods, the prevalence of dental disease has not been reduced. As other diseases are eliminated or markedly reduced by preventive methods the uncontrolled scourge of dental disease becomes proportionately more obvious. There is great need for preventive methods and research.

The significance of the great problems which face the dental profession is indicated by the following:—

1. Inadequacy of Treatment Service

It has been estimated that only about one-quarter of the population of Canada receives regular dental treatment service. The prevalence of dental disease and the need of treatment service is so great that the supply is markedly inadequate.

2. Expense

The cost of dental treatment service in Canada during 1953 exceeded \$72,000,000. This amount is equal to about one sixth of total cost of all other medical and surgical expenses. It is easier to grasp this fact when we realize that there are nearly half as many dentists in Ontario to treat dental disease as there are physicians and surgeons to deal with all the illness and injuries of the remainder of the body.

3. Prevalence

Dental treatment does not reduce the prevalence of dental disease nor does it confer immunity from subsequent occurrence of disease. Surveys during 1952, 1953 and 1954, in six Ontario communities, where the water supply is not fluoridated, showed that 98.4 per cent of children 12 - 14 years of age had been afflicted by dental caries. A 1954 survey of civil service employees indicated that 95 per cent to 100 per cent of the age 25 to 45 exhibited one or more manifestations of periodontal disease.

Reduction of dental disease will only be accomplished by emphasizing prevention. Additional and more effective methods for preventing dental

RESEARCH

disease will only be developed by research. The most pressing need in the dental profession's effort to prevent dental disease is the expansion of fundamental research in dental schools.

Success of a plan of dental research would seem to require:

(i) Personnel

There is a great shortage of well-trained senior personnel capable of planning and directing major projects. Dentists who have graduate training in the basic sciences are essential.

A senior research worker should be well trained in basic sciences and he should have sufficient familiarity with the field of study to envisage main problems. He should be suited to and trained for the discipline of research. He should be capable of planning, initiating, administering and reporting studies. These abilities are established by graduate training and are developed by experience. Senior research personnel should be those who are making a career of research and teaching. They should be from our top rank of knowledge and ability. The various organizations which grant funds in aid of research seem to assume that the necessary senior personnel exist and are already in the employ of universities, research institutes or hospitals. Since these institutions in Canada have not adequately provided for this, very few well-trained workers have engaged in dental research.

(ii) Financial Security for Research Workers:

It is unreasonable and unrealistic to hope that a staff of top-ranking ability can be induced to adopt research and teaching as a career unless they are provided with salaries, and other features of financial security, which are reasonably comparable with their potential earning ability in practice. There is a serious inadequacy of provision for senior personnel by the various organizations who support research.

(iii) Facilities

Adequate housing and physical facilities for research are essential. There is a shameful lack of provision of laboratory space and equipment for research in the dental schools of Canada. The responsibility for this fault belongs almost entirely with the dental profession, particularly with the administrators of the dental schools. In the field of dental science as well as in other branches of study it is axiomatic that progress in knowledge and skill originates in research.

Survey of the Research Committee of the C.D.A.

At the annual meeting of the Canadian Dental Association in 1955 the Research Committee presented a report based on a survey of dental research. A summary of the report included the following statements:—

(1) There are no dentists engaged in research in three of the five dental schools in Canada.

(2) There are no graduate students engaged in research work in four of the five dental schools in Canada. Therefore, no graduate students in these schools are receiving training in research. It is interesting to note here that a preliminary report of a committee appointed to inquire into the minimum requirements of a graduate department at the University of Toronto stated: "Any definition of a graduate department should commence by recognizing the inseparability of graduate students from research. It is indeed possible to pursue research vigorously in the absence of graduate students, but not to train graduate students in the absence of active research."

"It is evident that each graduate department (as distinct from an interdepartmental committee) must carry out its function of instruction and research within the limits of a specified subject, which may in turn be defined as a body of knowledge, discrete, coherent, and of sufficient magnitude or extent."

(3) The physical facilities for research and the annual budget for research in most dental schools are nil.

(4) Original research publications are very sparse. During the three years, 1950 - 53, only one Canadian school presented papers at the International Association for Dental Research.

The above survey represents conditions characteristic of a transitional period. There are definite signs that conditions are improving — almost every school indicated available facilities in other university departments. The real difficulty appears to be associated with inadequate numbers of adequately trained personnel.

Associate Committee on Dental Research — National Research Council

There have been some encouraging developments during the past ten years. In 1945 an Associate Committee on Dental Research was established by the National Research Council of Canada. This is singly the most important organization supporting dental research in Canada. The report of the proceedings of the March, 1955, meeting of the committee indicates that dental research projects supported by the funds of the committee were in progress in the following institutions:—University of Ottawa, University of Toronto, Queen's University, McGill University, University of Alberta and Dalhousie University. In only two of the above mentioned universities have grants been made to dentists for the year 1954 - 55. It is of interest that of sixteen grantees who reported at this meeting, seven are dentists and nine are scientists in other fields. It indicates that only seven dentists in two of the five dental schools in Canada had submitted applications which were deemed worthy of support by

RESEARCH

the committee. It also indicates an encouraging response from basic science workers to the suggestion of the committee that they take an interest in the field of dental research. Reports presented at the meeting indicated that studies were, or are, in progress in the fields of growth and development of the dento-facial complex, bacteriology of periodontal disease, histochemistry of tooth structure, chemistry of dental tissues and saliva, and the use of radioactive substances to study tooth and jaw formation. The objectives and the quality of the studies appear to be good but the number of projects should be greatly increased — provided well-trained personnel participate.

The Division of Dental Research, University of Toronto

In 1952 the Division of Dental Research was established at the Faculty of Dentistry, University of Toronto. Beginning in 1946 - 47, young graduates in dentistry who had exceptional academic records were encouraged to adopt research and teaching as a career. They were provided with fellowships to encourage them to proceed to graduate study in the basic sciences. It is indicative of a far-sighted and highly creditable policy that an important part of the funds for these fellowships was furnished by the Canadian Dental Association. The Kellogg Foundation also contributed significantly to their training. Five graduates of this training programme constitute the nucleus of the senior personnel in the Division. It is significant that all of the studies in progress in the Division of Dental Research are of the type which may lead to prevention of dental disease.

The dentists of Ontario have given convincing demonstration of their interest in dental research. During a fund-raising campaign in 1952 - 53 they pledged to contribute \$142,000 to aid in the establishment, and the first five years of the development, of the Division of Dental Research. This action has earned the commendation of ministers of health, and of executives of universities, professional societies, corporations and foundations. As a result corporations, foundations and wealthy individuals have contributed an additional \$110,000. The dentists of Canada should, with pride, accept every opportunity to advocate to all levels of society the desirability of supporting a wide-spread expansion of dental research.

Financial Support for Dental Research

Financial support for dental research in Canada is small in amount. It appears that about seven-tenths of one per cent of the money available for research relating to health of the population is available for dental research. Grants in support of new workers in the field of research or of those with little experience are adequate in number for the present number of applications. The annual stipend allowed is small and it would certainly discourage any young graduate to whom amount of income is important. However, most of the younger research workers proceed to graduate degrees and this is considered by some to be a sufficient incentive to accept a low standard of

income, about \$2,000 to \$4,000 for young graduates. Provision for salaries for senior research personnel is markedly inadequate. This condition appears to constitute a main obstacle to expansion of the dental research programme in Canada.

National Research Council Fellowships

There is provision by the Associate Committee on Dental Research of the National Research Council of Canada for graduate and senior fellowships. The graduate fellowships with a value of up to \$4,000 per annum are open to graduates in dentistry with high academic standing. Senior fellowships with a value of up to \$5,000 per annum are open to graduates in dentistry who have had experience in research work.

Canadian Dental Association Studentships

The Canadian Dental Association through the Research Committee provides for studentships for suitable candidates who wish to pursue a career in teaching and research. Over \$23,000 has already been spent to assist some twenty candidates to obtain training in a wide variety of basic science subjects.

Recommendations

The real difficulty in attempting to promote dental research in Canada appears to be associated with inadequate numbers of adequately trained personnel. This situation must be faced by the schools of dentistry in Canada.

From time to time every school has changes in its staff. Where a new appointment is to be made, no effort should be spared to "recruit" from the intellectually adventurous and to urge the prospective appointee to take advantage of the C.D.A. studentship programme and the National Research Council fellowships in order to prepare for a career of teaching and research. If each school were to take advantage of this programme at no cost to themselves, and send at least one suitable candidate, an important nucleus for research in the institution would be assured.

The inauguration of such a programme in a school would assist immeasurably in securing excellence in our schools in the manner recently suggested by a university president "by getting the best men and women to teach the best students under conditions that encourage concentration on scholarship and research".

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Periodontal disease among adults, Jour. Canad. Dent. Assoc., 21(11):617, 1955.

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Dental Effects of Water Fluoridation, Dept. of National Health and Welfare, 1954.

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The Welland and District Dental Health Program, Canad. J. Public Health, 415, October, 1952.

STATEMENT ON DENTIFRICES CONTAINING SODIUM FLUORIDE

by the
RESEARCH COMMITTEE
of the
Canadian Dental Association

1. The claims made for these dentifrices and the evidence which is available to support the claims have been reviewed by this Committee.
2. The Committee considers that any dentifrice intended for the prevention of dental caries must be subjected to adequate clinical tests with respect to effectiveness and safety.
3. Clinical studies (references appended) dealing with the effects of dentifrices containing sodium fluoride on dental caries do not support the claim that therapeutic benefits accrue from the use of such dentifrices. The more recent dentifrice formulas containing greater concentrations of ionic fluoride have not been tested clinically.

References

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4. Bibby, B. G. and Wellock, W. D.
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5. Bibby, B. G. and Wellock, W. D.
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J. Dent. Res. 25:182, 1946.
8. Muhler, J. C., Radike, A. W., Nebergall, W. H. and Day, H. G.
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9. Shaver, E. O. and Smith, R. R.
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J. Dent. Res. 25:121, 1946.
10. Winkler, K. C., Dirks, O.B. and J. van Amerongen.
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RADIATION HAZARDS RESULTING FROM THE USE OF DENTAL X-RAY UNITS

Statement Prepared by the Research Committee of the
Canadian Dental Association*

1. The use of the x-ray in dentistry is necessary for the proper diagnosis, and therefore proper treatment, of disease.
2. The utilization of the x-ray as an aid in diagnosis has increased markedly both in medicine and dentistry during the past few years (4).
3. Although millions of dental radiographs have been taken annually on this continent in the course of dental practice, there have been no known reports of injury to individual patients as a result of exposure (5). Using routine precautions the exposure in the region of the face may approach an erythematous dose during a full mouth survey (Max. 15 roentgens x 30 exposures, or 450 roentgens), but with modern technique and equipment (see item 5 below) the dose will be far below this level (about 0.07 roentgens x 30 exposures, or 2.1 roentgens) (4).
4. The gonadal exposure (genetic hazard) resulting from the routine use of dental x-ray units is small, being at present in the order of 1 - 3 percent of the natural background radiation (4,6). It is, therefore, thought that the potential genetic danger is offset by the benefits derived from the use of the unit. In considering the genetic hazard, the gonadal exposure between birth and forty years of age is most important.
5. The dangers from radiation resulting from the use of dental x-ray units thus appear to be low; nevertheless, because of the recent marked increase in their use, *the Committee strongly recommends that every precaution be exercised* by
 - (a) Avoiding indiscriminate use of this diagnostic aid,
 - (b) Reducing exposure to a minimum by the use of modern equipment, including the long cone, high kilovoltage, filters, and fast film,
 - (c) Applying information concerning previous x-ray exposure of patients.

* The Research Committee was assisted in preparing this statement by Dr. H. E. Johns, Head of the Division of Physics, Ontario Cancer Institute, Toronto by Dr. J. Munn, Head of the Department of Radiology, Hospital for Sick Children, Toronto, and by Dr. M. N. Rockman, Head of the Department of Radiology, Faculty of Dentistry, University of Toronto.

RESEARCH

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3. Budowsky, J., Piro, J.D., Zegarelli, E. V., Kutscher, A. H. and Barnett, Alice., J. Amer. Dent. Assoc. 52:555, May, 1956.
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5. Statement on Radiation, Council on Dental Research, American Dental Association.
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**CANADIAN DENTAL ASSOCIATION
RESEARCH COMMITTEE FUND
FINANCIAL STATEMENT**

Jan. 1, 57 Balance \$ 6,395.53

Receipts (Jan. 1, 57 to Apr. 16, 57)

Canadian Dental Research Foundation —

Bond Interest \$ 250.00

Bank Discount 10.26

Canadian Dental Association — 1957 Grants 5,000.00

5,260.26

\$11,655.79

Disbursements (Jan. 1, 57 to Apr. 16, 57)

Studentships:

A. E. Hoffman \$ 300.00

D. L. Anderson 600.00

W. S. Hunter 636.64

C. V. Mosby and Co. — Reprints 24.50

Exp. re Mtg. of Committee 37.00

Thorne, Mulholland — Auditors 25.00

Bank charges 3.89

1,627.03

Balance April 16, 57 \$10,028.76

Further Commitments for 1957

Studentships:

A. E. Hoffman \$ 150.00

D. L. Anderson 150.00

W. S. Hunter 116.66

Company's Act Fee 2.00

418.66

\$ 9,610.10

Please refer to Auditor's Statement for year ended December 31, 1956.
The above statement covers the period January 1st to April 16th, 1957.

THE CANADIAN DENTAL RESEARCH FOUNDATION
STATEMENT OF RECEIPTS AND DISBURSEMENTS
CURRENT ACCOUNT

Year Ended December 31, 1956

RECEIPTS

Cash in trust company, December 31, 1955	\$ 2.29
Interest on investments held by trust company	510.50
Bank interest	26.64
	539.43
Overdraft in trust company, December 31, 1956	.97
	<u>\$540.40</u>

DISBURSEMENTS

Trust company's fees to December 31, 1956	41.78
Transfers to Dental Research Fund (including \$100.00 remitted by National Trust Company, Limited on December 31, 1956)	498.62
	<u>\$540.40</u>

COMMENT AND RESOLUTIONS

We beg to report as follows:

1. Noted.
2. (a) Broad representation on the Research Committee is highly desirable and this policy should be continued.
(b) Special tribute is paid to the retiring members of the Committee.
3. (a) - (h) Approved. The Committee is commended for this phase of their program. It should be noted that of the 22 candidates who have received assistance since the inception of the studentship program, 16 are engaged in research and teaching (2 in the U.S.); 3 are students registered in dental schools; 3 are in private practice.

- (i) The figures given above provide ample evidence that the funds invested by this Association in the studentship program are paying handsome dividends.

4. Noted.

5. The importance of this topic demands that this pamphlet should be kept up to date. The Committee is to be commended for its leadership in this matter.

6. The resolution which appears in Appendix A. is approved. It should be given further publicity.

7. This information provides a useful base-line for similar studies in the future.

8. Important information for the guidance of the dental profession.

9. Whereas the use of the X-ray in dentistry is necessary for the proper diagnosis and therefore proper treatment of disease, and

Whereas the utilization of the X-ray as an aid in diagnosis has increased markedly both in medicine and dentistry during the past few years, and

Whereas millions of dental radiographs have been taken annually on this continent in the course of dental practice, and there have been no known reports of injury to individual patients as a result of exposure, and

Whereas the dangers from radiation resulting from the use of dental X-ray units appear to be low, nevertheless, be it

Resolved that every precaution should continue to be exercised by the members of the dental profession by

(a) avoiding indiscriminate use of this diagnostic aid,

(b) reducing exposure to a minimum by the use of modern equipment, including the long cone, high kilovoltage, filters, and fast film,

(c) applying information concerning previous X-ray exposure of the patient,

(d) taking special precautions to protect office personnel.

ADOPTED

10. Noted.

11. This paragraph emphasizes the complementary nature of dental research and dental education.

12. The Chairman and Committee are to be commended for their vigorous pursuit of problems in the field of dental research.

13. We agree.

14. It is recommended that this conservative request for funds be approved.

We recommend the adoption of the Report of the Research Committee.

APPROVED

SPECIALISTS AND SPECIALIZATION

MEMBERS OF COMMITTEE ON SPECIALISTS AND SPECIALIZATION: *A. G. Racey, Chairman, Montreal, P.Q.; A. Raymond, Montreal, P.Q.; W. J. Johnston, Montreal, P.Q.*

REPORT

1. At the 1956 meeting of the Board of Governors held in Banff, Alberta the Report on the Report of the Committee on Specialists and Specialization contained the following resolution:

“Whereas legislation for certification as a Specialist in one of the branches of dentistry has been enacted in at least three of the provinces, and

Whereas the designated branches of dentistry warranting certification differ in all three provinces, and

Whereas it is our considered opinion that the number of Specialties be kept to a reasonable limit and that consideration for uniformity is important, therefore be it

Resolved that the C.D.A. Committee on Specialists and Specialization consider the above and review the previous action taken in this respect by the Board of Governors in regard to Specialization and formulate policy and principles to achieve uniformity.”

The Committee has given careful consideration to the foregoing resolution and begs to report as follows:—

2. The Provinces:

From the latest information available there are now six provinces which carry specialists; these are Prince Edward Island, Quebec, Ontario, Manitoba, Saskatchewan and Alberta.

From the last report of the Committee it can be seen that there are noticeable differences in the By-Laws, Rules and Regulations and Requirements from province to province. An example of this is the Canadian Citizenship Requirement which in—

(a) Quebec is required.

(b) Prince Edward Island — A candidate must be a Canadian Citizen or must have resided in Canada for a period of one year previous to date of application for membership in the College or Association and satisfy the Council that it is his intention to become a Canadian Citizen.

SPECIALISTS AND SPECIALIZATION

- (c) Manitoba and Saskatchewan—Canadian citizenship is not required.
 - (d) Alberta — Canadian citizenship or a declaration of intention under the citizenship act is required. Citizenship must be completed within six years.
 - (e) Ontario — A candidate must be a Canadian Citizen or satisfy the Board of his intention to become a Canadian Citizen.
3. The C.D.A. model plan or pattern does not include a Canadian citizenship requirement and it is felt that this requirement should not be added but should be left to the discretion of the various provinces.
4. Other differences appear but on studying these it is felt that the present plan as approved by the Board of Governors in Montreal in October 1953 is broad enough and at the same time specific enough to be considered as a useful guide to the provincial licensing bodies wishing to certify specialists.

5. **Recognized Specialities:**

The question of which of the Specialities should be recognized was felt to be the principal point which the resolution required to have agreed upon, for quoting the wording in paragraph three of the preamble to the resolution we note:—

“Whereas it is our considered opinion that the number of Specialities be kept to a reasonable limit . . .”

6. Reviewing the various specialities which to date have been or are recognized in one or another of the provinces certifying specialists the following are included.

Oral Surgery

Orthodontics

Paedodontics

Periodontics

Oral Diagnosis

Restorative Dentistry

Dental Public Health

Prosthodontics

7. Endodontics:—was included in the C.D.A. Plan approved in 1953.
8. Public health dentistry — from time to time requests have been made to the Committee to have Dental Public Health recognized as a specialty by the C.D.A.

SPECIALISTS AND SPECIALIZATION

9. The Committee feels that the specialties of Oral Surgery and Orthodontics are universally accepted and that they should be retained, and that all other categories should be given careful consideration.

10. It is felt also that it will probably occur that in large centres there will be a need for the recognition of Specialties other than those above mentioned and as the need arises or is desirable additions could be made by the particular provincial licensing bodies concerned.

COMMENT AND RESOLUTION

1. Agreed.

2. Noted.

3. & 4. Agreed.

5. - 8. Informative.

9. Agreed, and further, we recommend the adoption of the following resolution:

Whereas the subject of Specialization appears to be a complex problem throughout the health professions, and

Whereas there are numerous requests as to which of the specialties of dentistry are recognized by the C.D.A., and

Whereas considerable confusion appears to exist as to which of the specialties are recognized by this Association, and

Whereas it is the considered opinion of this Association that the number of specialties within the profession should be kept to a reasonable limit, and

Whereas there is contention as to which specialties should be recognized, therefore be it

Resolved that this Association recognize, at this time, only the Specialties of Oral Surgery and Orthodontics, and be it further

Resolved that provision be made for a conference within the year of the Committee on Specialists and Specialization, together with such other persons as may be determined by the Executive, to consider the whole question of specialties and their recognition.

ADOPTED

10. Agreed.

We recommend the adoption of the Report of the Committee on Specialists and Specialization.

APPROVED

MEMBERS OF WAR MEMORIAL AWARD COMMITTEE: *R. Charette, Chairman, Montreal, P.Q.; A. M. Hord, Toronto, Ont.; H. Boyles, Montreal, P.Q.; O. Hebert, Montreal, P.Q.; R. S. Edmison, Montreal, P.Q.*

REPORT

Following is the annual report of the War Memorial Award Committee for the year 1956 - 1957.

1. Entries were received from the Universities of Alberta, McGill, Montreal and Toronto.
2. The judges are Drs. Gerard de Montigny, P. J. Gitnick and Mervyn A. Rogers who have again generously accepted this task and to whom the Committee wish to express their high appreciation.
3. The winners this year are:

1st prize: John A. Bimm — University of Toronto

2nd prize Guy Tremblay — Université de Montréal

From the marks of the judges it was considered that the winner's essay this year was of very outstanding value, although they remarked that all the others were also of excellent quality; maybe better than the average year.

4. The title for the 1957 - 1958 competition has been submitted to the Executive at their February meeting. The title accepted reads:

"An evaluation of proper procedures in oral diagnosis and their bearing on subsequent treatment planning".

5. This title has been announced to the Deans of the Dental Faculties of all the Canadian Universities and copies of regulations sent to them by the secretary's office, for distribution to their senior students.

6. To comply with the desire of the Board of Governors expressed at the Banff Meeting, the Committee submit the following titles for consideration by the Board for subsequent years.

(a) "Factors Influencing the Behavior of Silver Amalgam."

(b) "The Influence of Anatomical Structures on the Development of Periodontal Disease."

(c) "The Early Diagnosis of Oral Precancerous Lesions."

(d) "Fractured Anterior Teeth — Diagnosis, Treatment and Prognosis."

This Committee is to suggest a new title every year to replace the one chosen by the Board.

7. This Committee has no suggestions to make in regard to regulations or budget.

WAR MEMORIAL AWARD

COMMENT AND RESOLUTION

1. Noted as information.
2. It is recognized that this is a tedious assignment and the judges are to be commended for their unselfish and competent services.
3. We wish to congratulate the winners. It is to be hoped that the improvement of the quality of these essays augurs well for the future of the Journal of the Canadian Dental Association.

We submit the following resolution:

Whereas the chairman of the War Memorial Award Committee must hold his announcement of winners of awards until his report is made to the Board of Governors of the C.D.A., and

Whereas it would be desirable to announce the winners at the time that other university awards are announced, therefore be it

Resolved that the chairman of the War Memorial Award Committee be authorized to release the results to the schools concerned.

ADOPTED

4. & 5. Noted for information.
6. (a) - (d) Agreed.
7. Agreed.

We recommend the adoption of the Report of the War Memorial Award Committee.

APPROVED

RESOLUTIONS RECEIVED
FOR PRESENTATION AT ANNUAL MEETING

Number 1.

Newfoundland Dental Society — Sponsorship of Clinic

“Whereas Canadian dentists, regardless of geographical location, take pride in keeping pace with advances in dental knowledge, and

Whereas dissemination of such knowledge is often best accomplished by clinics and demonstrations by workers in larger centres, and

Whereas some local dental societies, for economic and geographical reasons, experience difficulty in obtaining qualified clinicians, and

Whereas clinicians travelling under C.D.A. sponsorship would help solve the difficulty, and

Whereas the Canadian Medical Association has been successful in arranging this type of program,

Be it resolved that the Newfoundland Dental Society recommends that the Canadian Dental Association sponsor annually a team of clinicians to visit local dental societies in conjunction with the Presidential visitations.”

Action

Whereas the Canadian Dental Association is in full sympathy with the spirit of this resolution, and

Whereas the Canadian Dental Association acknowledges the desire and pride of the profession in keeping pace with advances in dental knowledge through clinics and demonstrations, and

Whereas the Canadian Dental Association through the many years of its existence has just finally now been able to balance its budget, and

Whereas the cost of travelling clinics would be beyond our present ability to sponsor, therefore be it

Resolved that it is with regret that we find that this is not the opportune time for the Canadian Dental Association to proceed with the inauguration of a scheme of travelling clinicians.

ADOPTED

Number 2.

Newfoundland Dental Society — Instruction in Psychiatry

“Whereas mental illness is one of the major health problems in Canada today, and

SUBMITTED RESOLUTIONS

Whereas many physical disorders have their basis in mental and emotional disturbances, and

Whereas dental patients often display symptoms which are mental in origin, and

Whereas the recognition of mental symptoms may be vital to correct dental diagnosis and treatment, and

Whereas dentists have a unique opportunity in detecting early cases of mental disease,

Be it resolved that the Newfoundland Dental Society urge the Council on Dental Education of the Canadian Dental Association to make recommendations to dental educational authorities that dental students be instructed in Psychiatry in their undergraduate years and that practicing dentists be made aware of the problem of mental health by every available means."

Action

We recommend that this resolution be referred to the Council on Dental Education for study and recommendations.

ADOPTED

Number 3.

College of Dental Surgeons of British Columbia — Per Diem Allowances

"That we suggest to the Canadian Dental Association that they review the per diem allowance for those attending meetings of the Committees of the Canadian Dental Association."

Action

Whereas the resolution presented by the College of Dental Surgeons of British Columbia recommends the payment of a per diem allowance as well as expenses incurred, and

Whereas in view of the fact that favourable action on this resolution would represent a complete change of C.D.A. policy, and

Whereas those serving the C.D.A. now feel that it is an honour and a privilege, and

Whereas this would be almost impossible from a financial viewpoint due to further implications, therefore be it

Resolved that no change be made in our present policy.

ADOPTED

SUBMITTED RESOLUTIONS

Number 4.

Alberta Dental Association — re B.D.S. Degree

“Be it resolved that the Representatives of this Board to the Board of Governors of the Canadian Dental Association be directed to submit to the Board of Governors the following resolution:

‘That the Board of Governors of the Canadian Dental Association should consider the advisability of recommending to provincial dental authorities that graduates in dental surgery of British Universities with the degree of Bachelor of Dental Surgery be permitted to proceed directly to Provincial Board Examinations where citizenship is not a requirement for the right to take such examinations’.”

Action

Whereas the ratio of dentists to population in Canada continues to change in an adverse way, and

Whereas an increased number of dentists graduating from new and enlarged Canadian dental school facilities cannot be expected to improve this ratio until 1962 or 1963, and

Whereas a potential source of additional dental graduates is available from the Universities of the British Commonwealth, and

Whereas the experience of a few of the Canadian dental schools and some of the licencing boards in Canada is favourable to the graduates, therefore be it

Resolved that the Board of Governors of the Canadian Dental Association recommend to provincial dental authorities that graduates from British Commonwealth *Universities*, who hold the Bachelor of Dental Surgery degree, be permitted to proceed directly to provincial board examinations providing they comply with all other requirements laid down by the provincial board concerned.

ADOPTED

Number 5.

Alberta Dental Association — re Film Library

“That the Representative of our Board of Governors of the Canadian Dental Association be instructed to recommend to the Board of Governors that the film library at C.D.A. Headquarters available for use by members of provincial dental bodies be increased”.

SUBMITTED RESOLUTIONS

Action

Whereas this resolution pertains to films of educational nature in the field of Dental Public Health, and

Whereas such films at the C.D.A. Headquarters would be available to provincial dental bodies, and

Whereas such films would be in great demand during "Dental Health Weeks", and

Whereas several provinces carry out definite programs of educational nature during Health Weeks, therefore be it

Resolved that the C.D.A. increase the film library in Public Dental Health at first opportunity when funds are available.

ADOPTED

Number 6.

Manitoba Dental Association — re Dental Health Weeks or Dental Health Days

"Whereas several Provinces are already holding Dental Health Weeks or Dental Health Days, and

Whereas, if these were made a National Health Week under sponsorship of the Canadian Dental Association, a great many advantages would accrue because of these factors:

1. Communications in nearly all media have headquarters in the East and the influence of our National body should secure adequate and constant news releases through Radio, Television and Press;
2. So many commercial and industrial organizations have head offices in the East, where one successful contact at source of revenue can secure their co-operation for large centres across Canada;
3. The common time element, although a major obstacle to secure, would definitely make for a harder over-all impact on the public;
4. National organization efforts usually help local personnel to secure co-operation at their level;
5. A National effort could make use of a considerable quantity of American Dental Association material (with desired modifications), e.g., Television, Radio and Press Releases;

Therefore be it resolved that The Canadian Dental Association take steps to set up a National Dental Health Week or Day(s)."

ADOPTED

Number 7.

Alberta Dental Association — Re Activities of Association

"At a recent general meeting of our Association, the following resolution was approved unanimously and with applause:

'Resolved that this meeting of the Alberta Dental Association assembled in Calgary instruct our Secretary to express to the Canadian Dental Association and Dr. Don W. Gullett in particular our sincere appreciation for the many activities which have meant so much to the members of the profession and to the public.

Recent examples of such activities are: (1) the removal of duty of certain equipment, (2) the income tax deduction on retirement funds, (3) the broader allowance of income tax deductions for dental meetings and (4) the promotion by the Council on Dental Education of conferences on dental education in the various dental faculties of Canada'."

Action

The recognition and sincere expression of appreciation by the Alberta Dental Association of the numerous activities of the Canadian Dental Association and its Secretary Dr. Don W. Gullett are gratefully acknowledged.

APPROVED

ELECTIONS

MEMBERS OF NOMINATING COMMITTEE: *C. M. Purcell, Chairman, Pembroke, Ont.; J. P. Whyte, Swift Current, Sask.; A. J. Coughlan, Saint John, N.B.; A. G. Racey, Montreal, P.Q.*

REPORT

Following the procedure of previous committees, the work of this committee has been carried through mostly by correspondence. We would like to express our appreciation for the cooperation of Committee Chairman, members of the Board of Governors and the Secretary in assisting our committee.

The Nominating Committee has met since coming to Winnipeg and takes pleasure in submitting the following slate on nomination for your approval.

<i>President</i>	—Dr. A. G. Racey, Montreal, Que.	
<i>President-elect</i>	—Dr. Geo. M. Dewis, Halifax, N.S.	
<i>Immediate Past President</i>	—Dr. K. M. Johnson, Winnipeg, Man.	
<i>Executive</i>	—A. G. Racey, Pres. and Chairman Montreal, Que. Geo. M. Dewis, Pres.-elect, Halifax, N.S. K. M. Johnson, Past Pres., Winnipeg, Man. C. L. Strachan, London, Ont. J. P. Whyte, Swift Current, Sask. W. J. Langmaid, Oshawa, Ont. R. Langlois, Quebec, Que.	
<i>Committee on By-Laws</i>	—J. S. Bagnall, Chairman, N.S. S. A. Moore, Ont. G. L. Cameron, Ont. H. M. Cline, B.C.	
<i>Convention Committee</i>	—Roger Charette, Chairman, Que.	
<i>Finance Committee</i>	—S. J. Phillips, Chairman, Ont.	
<i>Council on Dental Education</i>	—R. G. Ellis, Chairman, Ont. Harvey W. Reid, Ont. Wm. Miller, B.C. Jas. McCutcheon, Que. J. D. McLean, N.S. Armand Fortier, Que.	1960 1960 1959 1959 1958 1958

- Dental Public Health Committee* —H. K. Brown, Chairman, Ont.
C. W. B. McPhail, B.C.
E. A. White, Ont.
R. O. Brett, Sask.
Aberdeen McCabe, Que.
- Committee on Ethics* —J. D. McLean, Chairman, N.S.
J. P. McGuigan, N.S.
S. K. Wetmore, N.B.
H. S. Crosby, N.S.
H. N. B. Beach, Ont.
- Legislation Committee* —Geo. W. Barrett, Chairman, Ont. 1958
Roy L. Currie, Ont. 1959
A. W. Grace, Ont. 1960
- Necrology Committee* —Don W. Gullett, Chairman, Ont.
and Provincial Registrars
- Committee on Publications* —Frank Martin, Chairman, Ont.
Arthur Poag, Ont.
Mark Boyes, Ont.
J. D. Purves, Ont.
Armand Fortier, Que.
J. E. Tilson, Ont.
- Health Insurance Studies Committee* —Harvey W. Reid, Chairman, Ont.
E. S. Dorion, Que.
T. R. Marshall, Ont.
L. V. Janes, Ont.
W. R. Scott, B.C.
W. H. Macneil, N.S.
L. Bernier, Que.
Also Chairmen of Provincial Health Insurance Studies Committees
- Hospital Dental Services Committee* —D. M. Tanner, Chairman, Ont.
A. A. Antoni, Ont.
F. A. Smith, B.C.
G. A. Buchanan, Man.
G. de Montigny, Que.
J. Sherman, Ont.
J. Methven, Ont.
N. Hori, Ont.

ELECTIONS

<i>Committee on Headquarters Property</i>	—R. P. Lowery, Chairman, Ont. H. W. Reid, Ont. G. V. Fisk, Ont.	
<i>Nomenclature Committee</i>	—H. A. Hunter, Chairman, Ont. W. J. Dunn, Ont. G. H. W. Lucas, Ont. F. E. L. Priestley, Ont. R. J. Getty, Ont. G. de Montigny, Que.	
<i>Public Relations Committee</i>	—J. G. Chalmers, Chairman, Ont. Chas. McLean, Ont. H. R. Skilling, Ont. J. Kreutzer, Ont. J. H. Mullett, Ont. E. R. W. Bilkey, Ont. <i>Co-opt Members:</i> E. Rollaston, Ont. R. R. Butler, Ont.	
<i>Committee on Specialists & Specialization</i>	—M. A. Rogers, Chairman, Que. P. J. Gitnick, Que. H. T. Oliver, Que.	
<i>War Memorial Award Committee</i>	—Louis Lepine, Chairman, Que. A. M. Hord, Ont. Howard Boyles, Que. O. Hebert, Que. Ralph Edmison, Que.	
<i>Research Committee</i>	—K. J. Paynter, Chairman, Ont. J. Kreutzer, Ont. Aaron Posen, Ont. D. B. W. Reid, Ont. Donald Fraser, Ont. J. P. Lussier, Que. G. D. Scott, Ont. F. Compton, Ont.	1960 1958 1958 1958 1958 1959 1959 1959

ELECTIONS

C. Reynolds, Ont.	1959
R. M. Grainger, Ont.	1959
W. G. McIntosh, Ont.	1960
H. K. Brown, Ont.	1960
R. L. deC. H. Saunders, N.S.	1960
Como Castaldi, Alta.	1960
E. M. Madlener, Ont.	1960

Auxiliary Services Committee —R. A. Rooney, Chairman, Alta.
H. R. MacLean, Alta.
A. M. Revell, Alta.
Also Chairman of Provincial
Legislation Committees.

Following the adoption of the Reoprt of the Nominating Committee, the Board of Governors then proceeded to elect a member to the Nominating Committee for the ensuing three year term. As a result the Nominating Committee for the year 1957 - 58 is as follows:

<i>Nominating Committee</i>	—J. P. Whyte, (Chairman), Sask.	1958
	A. J. Coughlan, N.B.	1959
	R. O. Winn, Ont.	1960
	G. M. Dewis, N.S., Ex-officio	

SPECIAL RESOLUTIONS

MEMBERS OF SPECIAL RESOLUTIONS COMMITTEE: *J. P. Whyte, Chairman, Swift Current, Sask.; H. B. Fleming, Moncton, N.B.*

REPORT

1. **The Manager and staff of the Royal Alexandra Hotel, Winnipeg**

The Board of Governors of the Canadian Dental Association in session at the Royal Alexandra Hotel wish to express their thanks and appreciation for your courtesy and excellent service during our annual meeting.

2. **Reverend F. R. Gartrell, Winnipeg**

The Board of Governors of the Canadian Dental Association wish to express their deep appreciation for the inspiring remarks of your Invocation at our opening session, Wednesday, June 19th, 1957.

3. **Dr. Joseph Rumberg, General Chairman, Convention Committee, Winnipeg**

The Board of Governors of the Canadian Dental Association wish to congratulate you and each and every member of your Convention Committee upon the splendid program and the efficient arrangements for our comfort and entertainment during the days of the combined convention.

4. **Ladies Convention Committee**

The Board of Governors of the Canadian Dental Association wish to convey to you their sincere thanks and appreciation for all the courtesies extended to the ladies during this Convention.

5. **The Dentists' Wives of Winnipeg**

The Board of Governors of the Canadian Dental Association wish to congratulate you on your original feature, "Hospitality Night", Monday, June 24th, 1957. Our sincere thanks and appreciation of an enjoyable occasion.

6. **Dr. and Mrs. Kenneth M. Johnson**

The Board of Governors of the Canadian Dental Association wish to convey their sincere thanks to our friendly host and charming hostess for the delightful evening at their Home, enjoyed by the delegates as well as their wives.

7. **The Honourable Douglas Campbell, Premier, Government of Manitoba**

Sir — The Board of Governors of the Canadian Dental Association wish to convey their thanks and appreciation to your Government for their generous action in sponsoring the Luncheon, Wednesday June 26th, 1957.

SPECIAL RESOLUTIONS

8. Mr. L. E. Balding — British Dental Association

The Board of Governors of the Canadian Dental Association bid you official welcome to Canada. We are highly honoured by your presence at our Convention. The good wishes and fraternal greetings of our Association are extended through you to our British confreres.

9. Departments of National Defence, Veterans' Affairs, National Health and Welfare and Provincial Departments of Health and Welfare

The Board of Governors of the Canadian Dental Association wish to express their thanks for your cooperation during the past year. We appreciate your courtesy in arranging for dental representatives of your department to attend our National Convention at Winnipeg.

10. C.D.A. President Kenneth M. Johnson

For the first time, a President of the Canadian Dental Association has made a public appearance, on TV, during one of its sessions.

The Board of Governors of the Canadian Dental Association wish to congratulate you, sir, upon a highly satisfactory Public Relations effort.

11. Headquarters Office Staff

The Board of Governors of the Canadian Dental Association wish to convey to the Headquarters Staff their sincere thanks and appreciation for so efficiently keeping the wheels of our industry turning despite many difficulties. Miss McLennan, Miss Weir and Miss Collins are specifically mentioned.

APPROVED

ANNUAL ASSOCIATION MEETING

ANNUAL ASSOCIATION MEETING of the CANADIAN DENTAL ASSOCIATION

The Annual Luncheon of the Canadian Dental Association was held in the Royal Alexandra Hotel, Winnipeg, Manitoba, commencing at 12.00 o'clock, noon, on Monday, June 24th, 1957. The retiring President, Dr. K. M. Johnson, of Winnipeg, presided.

President Johnson: The Very Reverend J. Burton Thomas, Dean of Rupertsland, will ask Divine Blessing on our Proceedings.

INVOCATION

The Very Reverend J. Burton Thomas: Our Heavenly Father, whose Blessed Son came into the world to teach us the glory of service, grant to all those who are called to the high office of ministering to Thy children that they may always remember that they are fellow workers with Thee, the Divine Physician. Give to them such patience, gentleness and tact that they may not only heal but bless with comfort and hope all those to whom they minister.

Vouchsafe Thy blessing upon these, thy servants, now gathered in Convention from all over this great land of ours. Direct them in their deliberations, discussions and decisions, and further them with Thy continual help.

And, finally, for this food and for the fellowship of this meal and for all Thy mercies, we bless and praise Thy Holy Name. Amen.

(His Honour, John S. McDiarmid, Lieutenant-Governor of Manitoba was in attendance).

President Johnson: Your Honour, Distinguished Guests, Ladies and Gentlemen: I shall now call upon the Premier of the Province of Manitoba for a word of greeting.

ADDRESS BY PREMIER DOUGLAS CAMPBELL

Premier Douglas L. Campbell: Mr. Chairman, Your Honor, Acting Mayor, Fellow Guests, Members and Friends of the Canadian Dental Association and the Western Canada Dental Society:

One of the many pleasant responsibilities which fall to the lot of His Honour, the Lieutenant-Governor, representing Her Majesty, and Alderman Crawford, representing the City of Winnipeg, and me, as representative of the Province of Manitoba, is that we get to meet with many people from our own Province as they gather in Conventions of one kind and another in this province

ANNUAL ASSOCIATION MEETING

They went on down the totem pole and finally arrived at the Speaker and in this city, and it is always a pleasure for us to welcome them when they gather for such conventions, because we know that out of those meetings will come resolutions and programs that will be of benefit to the people of our province.

And when in addition to those who gather from our own province we have the pleasure of entertaining the representatives from other provinces, and in this case all the other provinces of this great country of ours, then both the pleasure that we feel and the benefits that we feel sure result, are considerably enhanced.

And when in addition to that national gathering we have the pleasure of welcoming along with you distinguished representatives from the United Kingdom and from our great neighbour to the south, the United States, then you have been converted into an international gathering and I am sure that international gatherings are of even greater importance and benefit.

So I am sure that all of us extend to you a most cordial welcome as you gather together in our city and our province in order to carry on the work of your several Associations.

But I think that the value of any gathering, no matter how far flung may be its membership, and how widely representative its conference, is in the service that that Association or those Associations are able to render to the public, and I am sure that in this field the people who are dentists in these days are finding not only that their services are more greatly than ever before in demand, but that they can have the satisfaction of feeling that they are contributing, in the words of the Very Reverend Burton Thomas who pronounced the Grace a little while ago, that they are really contributing in a ministry that is of great service to this country of ours.

Without attempting in any way to discuss the relative merits of different professions, I think that all of us can agree completely that yours is one that can contribute and is contributing very greatly to Society, not only in this country which you primarily serve, but that it has ramifications of great interest for other parts of the world as well.

Perhaps along with the provision of food, and better understanding generally, the carrying of professional services to the people of less favoured parts of the world than we are in today will perhaps do as much as anything else to solve the main problems that we are called upon to meet, because I think that the big problems in the world today are not the ones that affect our country so greatly, they are the ones that have their roots in other parts of the world and which account for the serious unrest and tension and stress that we face.

And because yours is one of the professions that can give service, both at

ANNUAL ASSOCIATION MEETING

home and abroad, and because I believe that an understanding of all these wider implications is one of the things that grows out of conferences where people meet together from all across this country of ours, and with representatives of other countries as well, it is one of the best means of promoting that understanding and we are delighted to see you gathering together.

After all, of course the primary objective is to pool your knowledge and discuss joint problems and arrange for uniform programs to meet them, and I know because I have already had the opportunity of sitting in with one of your working committees, I know that you do a lot of work at your Convention and some very worthwhile resolutions and programs come out of your deliberations.

So we speak with great appreciation of the great service you have rendered in a very wide and growing field, and on behalf of all the people of Manitoba, if I am not to speak for them on all matters I am sure I can on this when I say we bid you very cordial welcome to our Province. We trust your deliberations will be very successful. We know you have to recognize all the provinces of our country in turn, no doubt, and we hope it won't be too long before we have the pleasure of entertaining you again.

So, congratulations on what you have done, and good luck in the future — and haste ye back!

(Applause)

REMARKS BY ACTING MAYOR CRAWFORD

Acting Mayor Crawford: Mr. President, Your Honour, Mr. Premier, Distinguished Guests, Ladies and Gentlemen: My task is a simple one, particularly after the Premier has extended to you a welcome on behalf of the Province. It is to bring to you the Greetings of His Worship, Mayor Stephen Juba, and the Members of the Council of this City.

We are very happy to have Conventions such as yours in this city. We are happy to meet with you, to learn more about the problems of other communities, and other parts of the world by meeting the guests that you have here.

I believe that I can say that it is on a very, very suitable occasion that you have chosen to hold this Convention in the City of Winnipeg. Just about ten days ago the President of the University announced the appointment of a Dean of Dentistry for the new Dental School that is to be built in this City.

The Premier and his colleagues have provided the money with which to build the Dental School, so there is a very important development ahead in this city. My friend sitting on my right said to me that it was a very fortunate occasion because the City of Winnipeg had established fluoridation which I believe most dentists, if not all of you, agree with.

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This was done, of course, by the Greater Winnipeg District. We have a Greater District, something like a metropolitan arrangement. It isn't controlled by the City of Winnipeg although we own the largest interest in it — it is controlled by all the municipalities around.

This Corporation, with the cooperation of the municipalities and the Government did establish fluoridation and you have before you fluoridated water in this city at this time. (Applause.)

Having mentioned those things, I want to draw your attention to two or three things that I believe the visitors in this city should see. There are enough of the dental profession who reside in Winnipeg and are present at all the gatherings to look after you, and to those of you who may be here for the first time I want particularly to tell you that you shouldn't leave without having a good look at the Legislative Buildings. This is really one of the most magnificent buildings on the North American Continent, bar none. You can go to most of the places, lots of States and lots of countries, and find no more magnificent buildings than we have in this city to house the Government of this Province. That, of course, I can't say about the City Hall!

However, there are some other features of the community that I would like to draw to your attention. I think you should see our City Park. You should see our Zoo, our animals — the bears particularly in the new natural habitat we have built for them. It is a unique thing in this part of the country.

I think you should visit Rainbow Stage at the park in the north end where the summer theatre is performing for the benefit of the people of this community. If you have a few moments where you would like to enjoy some entertainment you will find it down there.

With those few words I want to say we welcome you heartily to the City of Winnipeg. We hope if you get in any trouble with the officers that control the traffic in this city that you won't get in too much trouble and that you won't have to contribute too much to the coffers of the City, although we do welcome the money.

Finally, I hope, on behalf of the City, that your deliberations are fruitful and profitable, not only to your organization, but to this community and all other communities in the Dominion of Canada. I thank you. (Applause.)

GREETINGS FROM THE BRITISH DENTAL ASSOCIATION

Dr. L. E. Balding: Mr. Chairman, Your Honour, Distinguished Guests, Ladies and Gentlemen: It is with the greatest pleasure that I now convey to you the most cordial good wishes and fraternal greetings of the President and representative board and the members of the British Dental Association.

Many of our members still talk about the wonderful hospitality that we

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received when our Association held the most successful meeting in your great country just twenty-five years ago, and we sincerely hope that it will not be too long before the abolition of the currency restrictions permits us to visit you once more.

Meanwhile, Mr. President, I would ask you to accept this salver as a small token of the affection and regard which we of the British Dental Association have for our colleagues in the Dominion of Canada.

(Silver salver presented to Dr. Johnson)

President Johnson: May I read the inscription engraved on this salver:

“To the Members of the Canadian Dental Association with most Cordial Greetings from their Colleagues in the British Dental Association, on the occasion of the visit of Lionel E. Balding, Chairman of the Council of the British Dental Association in June 1957”.

It is beautiful!

Dr. Balding, you and the Association you represent are very kind in presenting this beautiful gift. Your Association has always been most gracious to us. We value your thoughtfulness and this gift is a further expression of the great friendship which exists between our Associations.

On behalf of the Canadian Dental Association, I accept this gift and, Dr. Balding, I think you and ask you to convey our thanks to the British Dental Association.

(Applause)

GREETINGS FROM THE AMERICAN DENTAL ASSOCIATION

Dean Gerald D. Timmons: Mr. President, Your Honour, Mr. Acting Mayor, Distinguished Guests, Ladies and Gentlemen:

Even before I left the City of Philadelphia — yes, two weeks before I had left — I received a communication from your most efficient Secretary, warning me that I was to use but three minutes. I have been warned of that twelve times since I arrived. As I sat at my place at the table today I received my fifteenth time table. I have checked the time table carefully and I assure you, Dr. Gullett, I shall stay within the limit.

I cannot, however, stay within those limits and adequately express to you the personal greetings from the President of our Association, Dr. Harry Lyons, or the personal greetings from the Secretary of our Association, Dr. Harold Hillenbrand.

It happens that the reason Dr. Lyons is not here is that he is attending the meeting in Hawaii at this time.

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Dr. Hillenbrand, because of an emergency meeting of the Board of Trustees had to stay in Chicago, too.

They moved on down the totem pole and finally arrived at the Speaker of the House of Delegates and finally asked me.

It is a great pleasure for me to accept the invitation to come to Canada because of the number of friends I have had in your profession in your great country over the last thirty years.

It has been my pleasure to work with them. It has been my pleasure to see the contribution they have made to our profession, not only in this country but in our country as well.

So it is truly a pleasure for me to come and wish for you great success, not only in your deliberations here today, but in your deliberations in the future and to extend to you the most cordial greetings from the American Dental Association.

I should like also to extend to you an invitation to attend our next Annual Meeting which is to be held in Miami Beach, November 4th to 8th.

It looks very much from the things that have been transpiring since our last meeting that we are going to have quite an exciting time, and having shown how well you get together up here, I would recommend you come to Miami to see how badly we get along, in order that you can appreciate what you are doing up here.

I am still within my three minutes, and I am not going to sit down without wishing all success to your President, Dr. Johnson, and at the same time to wish great success to my good friend Gerald Racey, in his administration next year. Thank you very much.

PRESENTATION BY THE ALBERTA DENTAL ASSOCIATION

(Applause)

Dr. R. B. Campbell: Mr. Chairman, Your Honour, Honoured Guests, Ladies and Gentlemen:

Mr. Chairman, you do me honour in granting me these few minutes from your busy agenda to perform this pleasant task.

For some time past my predecessor offered to present a picture to be hung in the Headquarters of the Canadian Dental Association. This offer has now become a reality and we hope that along with the painting which was presented by the Calgary Dental Society, the Alberta scene will be well depicted in the pictures.

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The Alberta Dental Society charged Dr. Zimmerman, an active committee man and our representative to the Board of Governors with the task of procuring the picture. As many of you know, or may have read, Calgary has artists and artists. Occasionally they paint canvases which when displayed are real traffic stoppers. The patrons queue up and traffic is snarled for blocks. However, Jim declares such paintings are not essentially typical of the Alberta scene.

A water-colour of the Valley of Ten Peaks by Mr. Phillips has been selected. Mr. Phillips is a Canadian, and associated with the Banff School of Fine Arts. He is one of the few men to attempt such scenes in water-colours.

Dr. Johnson, would you do me the honour of accepting for the Canadian Dental Association this gift from the Dentists of Alberta, and would you see that it is hung at 234 St. George Street.

(Applause)

President Johnson: Dr. Campbell, in accepting this picture, I would point out one or two things. Alberta is a wonderful Province. You have breed farming and cattle raising industries and you have great mountains. You have great dentists who are always doing something wonderful for the Canadian Dental Association.

We are interested in those who sent it, in the artist who painted, and might I insert that he is a Winnipegger.

Seriously, with the good will which accompanies it, I accept this painting on behalf of the C.D.A. and I thank you, Dr. Campbell, and I assure you it will hang in a place of honour at our Headquarters Building. (Applause.)

PRESIDENT'S ADDRESS

President Johnson: Your Honour, Mr. Premier, Your Worship, Distinguished Guests, Ladies and Gentlemen:

May I express the pleasure at having you with us at this, the Fifty-fifth Annual Meeting of the Canadian Dental Association.

Your Honour and Mr. Premier, I assure you we are proud to be in your Province.

Mr. Acting Mayor, we are proud to be in your City.

Dean Thomas, we are grateful to you for asking Divine Blessing on our Convention.

Mr. Balding, we thank you for your Greetings and those of the British Dental Association — an Association we hold in esteem and regard — and I would ask you to convey to them our Greetings on your return.

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Dean Timmons, we owe a continuing debt of gratitude to the American Dental Association for the generous favours shown us. We are proud to receive your Greetings and in turn we would ask you to take our expression of good will to your Association which you so ably represent.

According to the Constitution of the Canadian Dental Association your President has the privilege of addressing the Annual Meeting which is now in session.

First, I would thank you, the members of the Association for the honour you have conferred on me when you elected me President. I have enjoyed serving you these many years on the Board of Governors and now as President. If at times I found it a little strenuous, may I say there were also compensations and rewards. The privilege of going across our country from sea to sea and meeting so many fine dentists in their own provinces and in their own homes is something not given to everyone, but it is something not to be forgotten.

Collectively, we are members of a fine profession. Individually, I have found our members just as fine. I have been very much impressed with the high standard of the dentists in their own communities. This I have been able to observe as I have gone about and may it ever continue to be so.

As I see our profession, it is assuming that position which was visualized for it by the Presidents of the past. Their work has not been in vain.

As the late Dr. Wallace said, "No conscious effort toward betterment is ever lost. It is held in the lap of time."

Not all of you were able to attend the meeting of the Board of Governors. Their actions will, of course, be published in toto in the Transactions.

During the past years several points have seemed to be outstanding.

First, the position of Dentistry as a health service has been enhanced by the success of fluoridation of communal water supplies. Later we shall refer to this when we award an Honorary Life Membership in this connection.

May I sound a word of warning. As the old saying goes, "Eternal Vigilance is the price of Safety". The so-called "antis" are at work trying to undermine this great effort.

Second, The National Hospital Service has definitely reached a point of no return. Intense study and effort on our part will be required if we are to avoid the pitfalls of this great movement of change in the health service of Canada.

Third, the problem of personnel is even greater. I urge each and every one of you to try to bring into the profession young men and women of the finest quality to serve this great nation of ours. Also this is related directly to:

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Fourth, the increase in teaching facilities. The University of Dalhousie will soon open its new school. Toronto University is increasing its capacity. The University of Manitoba is starting a new school and in British Columbia we have hopes of early development, but with all this our rate of increase does not equal the rate of increase of the nation's population.

Fifth, much has appeared in the daily press and magazines regarding radioactivity and its effects on human genetics. Your Executive has been alert in this problem and believe that if proper care is used in installation and operation of the dental X-ray, it is not a source of danger. We shall, however, continue to study the problem and observe the investigations of others, that you may be properly informed.

Sixth, Canada is not the only country which realizes the importance of Dentistry. In the United States a Commission has been set up to make an extensive survey of Dentistry. This survey will cover four phases: dental education, dental research, dental practice and dental health. The Commission is composed of groups representing education, management, labour, medicine and dentistry. Its findings should be of great benefit to our nation as well as theirs, and to the dentists of Canada as well as of the United States. You will be pleased to learn that our own Dr. Don Gullett has been appointed to this important Commission.

Each year the dental students in Canada have an opportunity to compete in writing a Memorial Essay on Dental Research.

The title of the essay this year was "A Survey of Recent Methods of Caries Control".

The first prize was awarded to John A. Bimm of the University of Toronto.

The second prize was awarded to Guy Tremblay of the University of Montreal.

On behalf of the Association I wish to congratulate the winners and to thank the judges for their able handling of this difficult task.

Two other subjects are receiving serious consideration by the Association. First, the relationship and proper functioning of auxiliary personnel and, secondly, the economics of dental practice. Both these matters are of great importance, particularly in the light of current developments in health services.

A demand from the public exists for the institution of plans whereby dental care can be rendered on other than the individual basis. Great care must be exercised in initiating such plans. Over a number of years considerable study has been given to this matter with the result that the Board of Governors has made a definite recommendation at this meeting.

The Association during recent years has by persistent effort been able to secure several actions of material benefit to Canadian Dentistry. Tariffs have

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been adjusted favourably, convention expenses made deductible, and pension payments made allowable deductions for taxation purposes. These benefits mean much to the profession.

In Canada we have five great schools of dentistry. Soon we shall have six. We have a Council on Dental Education, whose standing is recognized the world over, and which is constantly studying the latest and best methods of teaching those who will engage in the practice of Dentistry but, somehow I do not worry about techniques, impressions, fine castings or clever surgery . . . I feel that if the grounding of character is present these will be added. I have practised long enough to know that this is so.

I would close with a quotation from one of the fine editorials of that Master of Dentistry, the late C. N. Johnson. I make no apology for having used it before in almost every province in Canada. It states so well what I wish to say:

“The greatest need of the hour in Dentistry is not so much the consummation of a better technique, better fillings, inlays, crowns, bridges or dentures. The fundamental need is to save the soul of dentistry, to preserve the ideals and ethics of our profession, to stand four square to the world in the establishment of those principles that gave us professional status at the beginning, to prove the faith that is in us for the maintenance of a high ethical concept that shall create a sharp distinction between our policies as a profession and the practices of the market place.

“The worship of mammon has no part in the scheme of real professional life.

“The exaltation of an ethical faith, the consecration of our energies to the service of the poor and rich alike, the sacrifice of our comfort for the welfare of others — these things are the need of the hour in our profession. All else will be added unto us if we but stand fast and proclaim our conviction before the world.”

PRESENTATION OF HONORARY MEMBERSHIPS

President Johnson: Your Honour, Mr. Premier, Mr. Acting Mayor, Ladies and Gentlemen, we come to a point unique in the history of the Canadian Dental Association.

We are about to award an Honourary Life Membership to a man who is not a member of our profession. This hasn't been done before, but your Board of Governors has agreed with the Executive that it is richly merited in this case.

The recipient is Dr. W. L. Hutton, Medical Health Officer of Brantford, whose vision and desire for public welfare has enabled our profession to carry

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to success the greatest experiment on fluoridation of communal water supplies ever attempted. We can now say that fluoridation is the greatest public health measure that Dentistry has known. Dr. Hutton has earned the title of "Father of Fluoridation" in Canada. You will be further interested to learn that Dr. Hutton was born in Winnipeg — a true son of the West.

It is a matter of great regret that owing to ill health, Dr. Hutton cannot be with us in person, but we do have Dr. H. K. Brown of the Federal Department of Health, who was associated with Dr. Hutton as representative of the Dental Profession throughout the ten year experiment.

Dr. Brown, I ask you to accept this award on behalf of Dr. Hutton, and to convey our good wishes and thanks to him along with this certificate.

(Applause)

Dr. H. K. Brown: Mr. President, Your Honour, Mr. Premier, Honoured Guests, Ladies and Gentlemen: I regret that my friend and colleague, Dr. W. L. Hutton, is unable to be present here, personally, today, to receive this certificate of Honorary Life Membership in the Canadian Dental Association.

Dr. Hutton has recently suffered a severe and acute illness.

It has been my honour and pleasure to be associated with Dr. W. L. Hutton during the past ten years. The Canadian Dental Association, in conferring this Honorary Life Membership here today are honouring the first health authority in the world to take action to fluoridate the water supply over which he exercised responsibility, and further for which he accepted full responsibility.

There were others who suggested that the water supplies might properly be fluoridated. Dr. W. L. Hutton came forward and took the responsibility to fluoridate the water supply of Brantford.

I am proud, Mr. President, to accept this Certificate of Honourary Life Membership on his behalf, and I shall deliver it to him personally, along with an account of the ceremonies related to the presentation.

(Applause)

President Johnson: Thank you, Dr. Brown.

Now, Your Honour, Mr. Premier, Mr. Acting Mayor, it is my privilege, Ladies and Gentlemen, and it is not only a privilege but a delight, to present to Dr. Howard James Merkley a Certificate of Honorary Life Membership in the Canadian Dental Association.

(Applause.)

We have been personal friends for over forty years. As in the case of Dr. Hutton, when I wished for specific information, I turned to "Who's Who in Canada."

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Howard was born at Chesterville, Ontario. His parents were United Empire Loyalists. He received his early education at the Morrisburg Collegiate Institute. He graduated from the Royal College of Dental Surgeons with honours in 1911 and was awarded his Master's degree by the same institution in 1916.

Howard has made a great and continuing contribution to our profession, having held many offices in Dental Associations. He is a Past President of the Canadian Dental Association. He served as first President of the National Dental Examining Board. He is a Fellow of the American College of Dentists, and with all this he has found time to write many articles, to give clinics in the larger centres of Canada and the United States, to lecture to medical students and to engage in research.

As a citizen he has acted as Chairman of the Manitoba Game Commission since its formation in 1920. His work in the establishment of the muskrat industry in Manitoba has been most helpful. Also he has devoted much time to political affairs.

Howard has four children. One daughter holds her Registered Nurse's Certificate, one son, Garth, is a respected member of our profession, and two sons practise medicine.

Howard and his wife Eileen, whom you all know and who has helped so much with the Ladies' Section at this Convention, live at Hampton House, here in Winnipeg.

Therefore, Howard it gives me much pleasure to present to you the highest award in the gift of the Canadian Dental Association — Honorary Life Membership. (Applause.)

Dr. Howard J. Merkeley: Your Honour, Mr. President, Mr. Premier, Your Worship, Distinguished Guests, Ladies and Gentlemen: There are times when words are quite inadequate. This is such a time.

Dr. Johnson has conferred upon me the highest honour that he, as President of the Canadian Dental Association can bestow. I accept this great honour with deep humility and sincere appreciation.

★ ★ ★ ★ ★ ★

The Motto of the University of Toronto is "As a twig is bent the tree is inclined." As a twig of the R.C.D.S. it was my great good fortune to be bent by the master hands of the Wilmotts, Seccombe, Cummer, Thornton, the Stewarts, Coram, Fife, Bothwell, and many others.

Then in 1911, when I arrived in Winnipeg, I was privileged to become associated with that princely gentleman, Harry Garvin. Later on, Ken Johnson and Fred Warriner joined us and also came under his spell.

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Our dental schools have great traditions of service in the field of national welfare in both peace and war. They have fitted many excellent men for unselfish service, until today Dentistry is recognized for its contribution as a health service.

We can well be proud of Bagnall, McLean, Walsh, Mowry, McCutcheon, Charron, Mason, Ellis, Hamilton and the many men who are, and who have been associated with them.

It has made me extremely proud of my profession to know men from coast to coast who have contributed time and effort in furthering the objectives of Dentistry.

Another great source of satisfaction has been to note the high calibre of the young men we now are enlisting for a dental career. As we meet and get to know them we can be well satisfied that the future of Dentistry is in safe hands and that they can be trusted to meet and to solve the problems that will face our profession.

This certificate will serve as a visual reminder of many happy occasions and pleasant associations with the grandest bunch of fellows I know.

Again I most sincerely thank you.

(Applause)

INSTALLATION OF NEW PRESIDENT

President Johnson: Your Honour, Mr. Premier, Mr. Acting Mayor, I now turn the meeting over to Dean Emeritus Arthur L. Walsh, Past President of this Association, and the Installing Officer.

Dean Emeritus Walsh: Your Honour, Mr. Premier, Your Worship, Members of the Canadian Dental Association and Friends:

I was not born in the Province of Manitoba. I am not a native of Winnipeg. I am almost sorry for that after what I have heard today. I didn't bring an oil painting or any silver tray — just a new president, and with that in mind I will proceed with my pleasant duty to install him.

I deem it a signal honour and a rare privilege to be entrusted with this very pleasant duty. More than that, it is a matter of deep personal pleasure and satisfaction. Our new President, Dr. A.G. Racey, is not only a former student of mine, but also a valued personal friend.

Now, for a brief outline of his career, which I think you would like to have.

Dr. Racey was born in the Province of Quebec. He took his pre-dental training in Queen's University, Kingston, Ontario, where he met the present Mrs. Racey . . . or should I say, where Gerald met Phyllis?

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I am going to ask Mrs. Racey just to take a bow, so you will know her when you see her, and be sure and meet her, because as you know, he who would have friends must prove himself friendly.

Would you take a bow, Mrs. Racey?

(Applause)

Dr. Racey graduated from McGill University with high honours. He proceeded to Harvard University and took one academic year of post-graduate work under Dr. Tolman.

Soon after his return he was given a professorship in the Universite de Montreal in Oral Pathology, and in McGill University of which dental school he is a very important member of the Faculty.

He is a fellow of the American College of Dentists and the International College of Dentists; an executive member of the National Dental Examining Board; an Executive Member of the National Research Council (the Dental Section), and for the past seven years he has been a member of the Board of Governors of the Canadian Dental Association.

Don't you think the unseen hand of fate has carefully prepared Dr. Racey for his new office as President?

I need not remind my hearers that it is a high honour to belong to our profession, devoted and dedicated as it is to the advancement alike of public health and preventive medicine, as well as the individual health and personal well-being of the patient.

How much greater an honour it is to be singled out from nearly six thousand practitioners for the coveted presidency. Your colleagues Dr. Racey, have indeed honoured themselves in bestowing upon you this highest honour in their keeping. For you this must truly be a proud and moving moment in your career and the very climax of your most cherished ambitions. You are following a fine man, Dr. Kenneth Johnson, and a noble succession of good men — with one exception. "Others have laboured: ye have entered into their labours".

A. G. Racey — as I look upon your two initials and your surname, I find if I lop off the first and the last letter, what I have left is very interesting and significant — it spells "GRACE". Knowing you I find that a very happy omen. You will, I am sure, discharge your duties with utmost grace, for you are by nature gracious.

I shall now proceed to the ceremony of Installation.

I confidently bespeak for you, Dr. Racey, the loyal and devoted support of all your colleagues. That is why I now say to them and to you, "Coats off to the Future."

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Dr. A. Gerald Racey, I take great pride in installing you as President for the coming year of the Canadian Dental Association.

. . . The Jewel of Office placed on Dr. Racey . . .

Members of the Canadian Dental Association, I now proudly present to you your new President, Dr. A. Gerald Racey, of Montreal.

(Applause)

President Elect Racey: Mr. Chairman, Your Honour, Mr. Premier, Mr. Acting mayor, Distinguished Guests, Ladies and Gentlemen: I wish first to thank Dr. Walsh for being here today to present me for this unique office which brings such high honour to my province as well as to myself.

Dr. Walsh launched me on my career in Dentistry some twenty-five years ago, when I entered McGill under his Deanship.

If you had not been here today, Sir, this moment would certainly not have been complete. So it is most fitting and I am deeply grateful.

It is with sincere appreciation that I accept the office of President of the Canadian Dental Association and I would like to say this is shared by my wife, whom you have already met.

I am sure I feel at this moment as most of my predecessors have felt — greatly honoured, but with admitted trepidation and, as I am, fully aware of the very deep responsibilities that are involved.

These fears, however, are considerably lightened when I know that I shall have a group of men in the Executive which I consider are unparalleled. I shall have a Board with their Governors and the Chairmen of Committees which I think are the most splendid group that I have worked with for a long time.

I will have the guidance and sympathy of a man such as President Ken Johnson, who has accomplished so much during his term of office, and apart from these I shall have the most competent of Secretaries in the person of Don Gullett to instruct me.

So, Ladies and Gentlemen, I hope to survive.

When we next meet I shall be waiting to welcome you all in my Province in 1958. Arrangements are well advanced to receive you in our new hotel in Montreal — the Queen Elizabeth, it says here. This will be in the early part of October — one of the loveliest months in that part of the country.

In closing I would like to say thank you again for my Province and myself, and I shall try very hard to render a good account of myself.

(Applause.)

PRESENTATION TO DR. JOHNSON

Dean Emeritus Walsh: Your Honour, Mr. Premier, Your Worship, Distinguished Guests, Ladies and Gentlemen:

This is a pleasure I have been looking forward to ever since I got off the plane on Saturday — just to express on behalf of all of you gentlemen here, the Members of the Association, our appreciation to Dr. Kenneth Johnson for a good job well done, but since my words have to go in the Transactions, I had better give them to you more in detail.

Just a few words of thanks to our retiring President, Dr. Kenneth Johnson, the busiest and most important man in Dentistry during the past year.

Gratitude has been happily described as the sign of noble souls. On this occasion it would never do to silence the still small voice of gratitude. We are real proud of you, Dr. Johnson.

In your official capacity as President you have always exemplified true humility, the highest virtue — mother of them all — also, kindness and courtesy.

Tennyson writes, “The greater man, the greater courtesy”.

Important issues have come before you and your Board and our beloved National Secretary, Dr. Don Gullett, and at all times you have shown indomitable resolution, strong in courage, in sagacity and in the inflexible austerity of your principles you have demonstrated vision, a creative mind, a noble mind that never “falters nor abates, but labours and endures and waits till all that it foresees it finds, and what it cannot find, creates”.

Dr. Johnson, we want you to know, after all you have done for us, that this Association is not lacking in the lovely grace of gratitude. We have already said, “Coats off to the future”, we do not forget, however, to say “Hats off to the past”.

We now proudly salute you as our Immediate Past President. For your contribution and a job well done we say in the words of Shakespeare in “Twelfth Night”, “I can no other answer make but thanks and thanks and ever thanks”.

It is under the impulse of that heartfelt gratitude that I now present to you the Past President’s Jewel of our Association, wishing you on behalf of us all, good health and long life and God’s richest blessing always.

(The Past President’s Jewel presented to Dr. Johnson by Dr. Gullett)

I am proud and privileged to present also to you on behalf of our Association this token of our deep debt to you for all you have done.

Mindful also of the words of the Good Book, we take further pride in

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“giving honour unto the wife”, knowing full well how profoundly you and we are indebted to her for all she has done to lighten and to share your burden of the past year.

Dr. Johnson, in presenting you with this gift we all hope that it will ever be treasured by both of you as a memento of a very proud and happy year of service.

(Silver tray presented to Dr. Johnson)

If Mrs. Johnson would be good enough to stand for a moment to receive our tribute, I have the honour to present on behalf of the Canadian Dental Association, our proud tribute of esteem and gratitude to a very gracious and charming lady — Mrs. Johnson.

(Bouquet of red roses presented to Mrs. Johnson) (Applause)

Past President Johnson: Mr. Installing Officer, on behalf of my wife, Marie, and myself, all I can say is Thanks and thanks and thanks and ever thanks.

Now Your Honour, Mr. Premier, Mr. Acting Mayor, we have one short item of business, this being an official Annual Meeting, and I trust you will bear with us for a moment.

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AMENDMENT TO THE CONSTITUTIONAL BY-LAWS

Past President Johnson: This is an amendment to the Constitutional By-laws. Under the By-laws of the Association all amendments of the Constitutional By-laws must have the approval of the membership.

The Executive is responsible for conducting the actual business of the Association and also for making decisions between meetings of the Board of Governors. In the past the Executive has consisted of the President, the President-elect, the Immediate Past President and two other members. The size of the present Executive has been found to be not large enough to deal with the greatly increased activities of the Association. Further, it is a too rapidly changing body to make efficient consideration of long range planning and development.

The Board of Governors, during the last few days approved the following resolution which has the effect of increasing the membership of the Executive from five members to seven members. It is now necessary to have you vote on this resolution.

The resolution reads as follows:

“Resolved that Article V of the Constitutional By-laws be amended by deleting the word “two” at the end of line 3, and substituting therefore the word “four”.”

It is now necessary to have you vote on this resolution.

All in favour of the resolution? Contrary minded?

CARRIED

I declare the resolution approved.

7 DAYS

THIS BOOK MAY BE KEPT FOR
7 DAYS ONLY
IT CANNOT BE RENEWED

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Canadian Dental Association
Transactions of the
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NAME OF BORROWER

Anderson

Anderson

D. J. Dunn

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